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Older People Safety

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168 PREVALENCE OF NEGLECT AND VIOLENCE EXPERIENCED BY ELDERLY PEOPLE IN KOLKATA (INDIA)

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Background Old age is a challenging phase in life since people retire from work and physically become vulnerable to various health problems resulting into dependence on others. Limited research in this field prompted the researcher to understand the perceived neglect and nature of violence experienced by the elderly people in Kolkata in addition of physical and psychological problems.

Methods A total of 200 elderly people, 100 male and 100 female, participated in the study voluntarily provided complete data and they were selected following convenience sampling technique from five Old Age Homes in and around Kolkata (India) in 2014. A specially designed Semi-structured Questionnaire was used for data collection.

Results In addition to range of physical health problems, they experience various psychological problems. Further findings disclosed a very disturbing picture as 87.0% female elderly people reported feeling of insecurity at their own house compared to 16.0% male elderly people which was found to be statistically significant at 0.01 levels. At the same time, 82% female elderly people reported neglect as compared to only 7.0% male elderly people ($p < 0.01$). Again significantly more number of female elderly people reported mental harassment. So far as physical violence is concerned, 15.0% and 9.0% female and male elderly people reported that they had experienced the same ($p > 0.01$). Interestingly an overwhelming number of elderly people were happy at the Old Age Homes. However, about 52.5% felt that Old Age Homes should be more neat and clean and quality of food should be better (39.5%). A good number of them (16.5%) also suggested that there should be some recreational facilities at the Old Age Homes.

Conclusions In general, female elderly people reported experience of more neglect, feeling of insecurity, mental harassment and even physical violence as compared to male counterparts. The safety of elderly people should be taken care of by the local government in terms of sensitisation of the larger society through mass and media, bringing strict legislations and through community vigilance with the help of local community-based organisation.

169 RISK OF ROAD TRAFFIC CRASH, MEDICAL FACTORS AND BEHAVIOURAL ADAPTATIONS IN ELDERLY DRIVERS

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Background If at first glance the question of medical factors in road safety seems to boil down to the list of diseases and medications consistent or incompatible with driving, the problem is much more complex because many factors come into play: mobility, loss of autonomy, perceptions of disabilities and behavioural adaptations to them. Regarding the increase of elderly drivers on the road, the aim of this project is to identify medical conditions, incapacities and medicine consumption associated with a risk of road traffic crash and to describe key parameters of the interaction between medical conditions, medical consumption and driving behaviours in this population.

Methods Gazel is a cohort of 20 000 retirees of the French national electricity and gas companies (EDF-GDF) followed since 1989 and originally included men aged 40–50 years and women aged 35–50 years. This cohort has been followed up by means of yearly self-administered questionnaires. This annual questionnaire includes questions about sociodemographic characteristics, health, diseases, lifestyle, difficulties of everyday life, psychosocial and psychological data and road traffic crashes. A driving behaviour and road safety questionnaire was administered in 2001, 2004 and 2007. In 2015, questions about mobility, health and incapacities were added and this questionnaire was administered by internet. Besides the classical statistical methods for the descriptive phase, models suitable for longitudinal data will be used.

Results The number of participants was 14,226 in 2001, 11,706 in 2004, 11,551 in 2007 and 5,402 in 2015. First results show that when participants get older, they drive more carefully and their perception of their crash risk decreases. Other analyses are in progress.

Conclusions The interactions of the three components: medical conditions, drug consumption and driving behaviours need to be understood to design effective preventive policies and proper screening of drivers unfit to drive.

170 RAPID DECELERATION AND CRASH EVENTS IN AN RCT EVALUATING A SAFE TRANSPORT PROGRAM FOR OLDER DRIVERS

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Background Older drivers have increased crash involvement and vulnerability to injury. It was hypothesised that a one-on-one safe-transport program, designed to encourage planning for retirement from driving and self-regulation, could improve the safety of older drivers.

Methods The Behind the Wheel program (adapted from the KEYS[®] program) was evaluated using a randomised controlled trial involving 380 drivers aged 75 years and older, residing in the suburban outskirts of Sydney. The safety outcomes for this trial were >750 milli-g rapid deceleration events (RDE) and self-reported crashes. General linear models were used to model the impact of the program on the rate of RDEs and self-reported crashes, using distance travelled as an offset.

Results We recruited 380 participants (230 men) with an average age of 80 years and 366/380 (96%) completed the 12 month

study. The program was delivered to 183/190 (96%) of drivers allocated to the intervention. In vehicle monitoring data was available for 351 participants (92%) for a median of 52 weeks [inter-quartile range (IQR) 44–52] and 5487 [IQR 3294–8641] km of travel. 218/351 (62%) drivers had at least one RDE and the median number of RDEs was 1 [IQR 0–4]. There was no between group difference in the rate of RDEs per distance driven (incident rate ratio (IRR) 0.85, 95% CI 0.61–1.18). Crashes were reported by 14 participants in the intervention and 19 in the control group ($p = 0.46$). Pre-planned sub-group analyses showed that the intervention was effective in significantly reducing RDEs (IRR 0.41, 95% CI 0.20–0.81), in drivers with a DriveSafe/DriveAware score of 96 or higher (fit to continue driving).

Conclusions Older drivers with good visual and cognitive function are responsive to a one-on-one education program to improve their safety on the road. These drivers reduced their involvement in RDE events by more than half, however this approach was not effective in drivers with poorer function.

171 OLDER PEOPLE, ALCOHOL AND SAFETY ISSUES AT HOME – THE PERSPECTIVE OF HOME CARE WORKERS

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Background Finland is a rapidly ageing society. The Finnish ageing policy prioritises older people living at home. Alcohol use of older people has become more common. Heavy drinking in particular leads to the need of increasing daily assistance and care. This paper discusses the challenging social situations of daily work of home care workers visiting alcohol consuming older people in their homes. This study, called “Ageing, alcohol and needs for services in home care” (2014–2015), is a part of the larger project “Harms to others from drinking: effects on health, wellbeing and the burden to society”.

Methods The data consists of 13 thematic interviews with home care workers ($n = 10$) and their supervisors ($n = 3$). The interviews were conducted in one home care district in the metropolitan area in Finland.

Results When making their home visits home care workers have to handle challenging safety issues, such as alcohol-drug interactions, injury prevention and their own safety at work. Home care workers encounter unpredictable situations where they for safety reasons cannot fulfil their professional intentions.

Conclusions Home care workers are in need of further training about special skills to manage alcohol-related safety questions. Collaboration crossing professional and sectoral boundaries should be created to help those older people who are at the risk of alcohol-related safety issues. Further research is needed on older peoples’ alcohol use from the point of view of home care workers.

172 NEIGHBOURHOOD SAFETY AND INJURY PREVENTION AMONG OLDER ADULTS: A SYSTEMATIC LITERATURE REVIEW

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Background Neighbourhood safety is important for older adults’ health, including injury prevention and safety promotion, but there is a dearth of information about this construct in the literature.

Methods During 2014, we conducted a systematic literature review on the associations among identifiable neighbourhood safety factors, health outcomes, and health behaviours of older adults (≥ 50) in the U.S. using MEDLINE, CINAHL, Embase, SportDis, and Transportation Databases.

Results Of 32 articles identified for our final review, 16 (50%) examined health outcomes, such as health status and the other 16 focused on health behaviours, such as physical activity. Five domains of neighbourhood safety were identified: general neighbourhood safety; crime-related safety; traffic-related safety; fall-related safety; and proxies for safety (e.g., vandalism, graffiti). Although falls are the leading cause of injuries in older adults, fall-related safety was the least frequently addressed safety domain. General neighbourhood safety, traffic-related safety, and proxies for safety appeared most relevant to health behaviours, while crime-related safety was most pertinent to health outcomes, such as mental health and physical function. Traffic-related safety showed more consistent associations for physical activity, while crime-related safety was more consistently associated with walking. We also found that specific measures or constructs of safety were not applied consistently across the different studies making it difficult to compare study findings.

Conclusions This review identified several patterns as well as many important gaps in the existing studies dealing with neighbourhood safety-injury prevention among older adults. We recommend that multi-dimensional neighbourhood safety factors should be considered in establishing location interventions, particularly related to injury prevention and safety promotion, which require further attention in future studies in the U.S. as well as globally.

173 SEAT BELT FIT AND USE BEHAVIOURS OBSERVED AMONG DRIVERS AGED 75+ YEARS IN THEIR OWN VEHICLES

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Background Older occupants are at increased risk of serious injury in a crash compared to younger occupants. While seatbelts reduce injury risk, effectiveness relies on good belt fit and positioning. Laboratory research indicates increased likelihood of poor belt fit with increasing age, however little is known about seat belt use in this age group. The aims of this work are to (i) describe belt fit and use among drivers aged 75+ years in their own vehicles, and (ii) examine the influence of body mass index (BMI), comfort and comorbidities on belt fit and use.

Methods Photographs were taken of drivers in their vehicles to assess belt fit and accessory use. Surveys of comorbidities and belt use, and measurements of height and weight were made. Logistic regression and mediation analysis examined associations between BMI, comfort, comorbidities and belt fit, belt repositioning behaviour, and accessory use.

Results 367 drivers were photographed, mean age 80 years, 23% used an accessory, 47% had poor sash and 41% poor lap