

Falls in Elderly

V S Natarajan,¹ B Krishnaswamy,¹ G S Shanthi,¹
Neelakshi Mohanta² and Deepa¹

¹Madras Medical College, Chennai, ²Gauhati Medical College, Gauhati.

Introduction

Falls is one of the major problems in the elderly and is considered as a "Geriatric Giant". Recurrent falls is an important cause of morbidity and mortality in the elderly and is a marker of poor physical and cognitive status.

The incidence of falls increases as age advances, and is one of the leading causes of death in elderly due to its complications. The morbidity due to falls are fractures, soft tissue injury, restricted mobility and psychological trauma. More than 80% of hip fractures in the elderly are due to falls. The development of psychological fear in elderly may lead to "Post Fall Syndrome" a state in which the person restricts his mobility or becomes dependent on others to move, in spite of normal neurological status.

Fall is best defined as a sudden unintentional change in position, causing a subject to land on the ground or on lower level not as a result of major intrinsic or extrinsic hazards. A recurrent fall is defined as two or more fall events occurring within a period of six months.

The incidence of falls in the elderly living in the community is not very clear, as many events are not reported. About 1/3 of the community living elderly fall in a year. However some observational studies indicate that 25-50% of community – dwelling elderly fall at least once annually and half of them have multiple falling episodes. The incidence of falls is higher in the institutionalized elderly, owing to their poor health and higher reporting rates.

The causes for falls in an elderly may be multifactorial. The various etiological factors, pathogenesis, assessment and evaluation of recurrent falls, its management and prevention will be discussed in detail during the panel discussion. However a detailed evaluation of falls is mandatory, particularly in those with recurrent falls. Falls may be prevented by targeted, multifaceted interventions.

Does Longevity Contribute to Improving Socioeconomic Health of the Country?

Indira Jai Prakash

Professor of Psychology, Bangalore

The Longevity revolution is a boon to the society. It is the triumph of medicine, science and social welfare that infant mortality and death due to epidemics and contagious diseases have been curtailed. How longevity contributes to socio economic health of a country could be summarized as follows:

1. Longer productive life of people which helps in retaining people in work force for longer periods- this leads to cutting down in expenses involved in recruitment, training and dealing with inexperienced work force.

2. Cumulative wisdom and experience of people could be used for dealing with socio economic and political problems.

3. Availability of multi- generational segments in population helps in dealing with issues such as child care, adolescence guidance, mentoring, family assistance and support.

With longevity, different groups will emerge such as young-old, old, and old-old. People in different categories will require different types of supports and their contributions will also differ. These people will form a large social network that will sustain families and work force. When large adult group is in the population, society is saved from many of the problems, disasters and clashes typical in adolescent and young adulthood. A mature and experienced group of people can contribute to nation's progress. The details are discussed in the paper.

In Hospital Care of the Acutely ill Elderly Patients

Surekha V,¹ N S Senthil Kumar,² Jayarani Premkumar,³ Roshin M J,⁴

¹Senior Lecturer, Department of Medicine III, CMC&H, ²Tutor, Physiotherapy Department, CMC&H, ³Professor, College of Nursing, CMC&H, ⁴Ward Sister, E Ward, CMC&H.

Acute care in the elderly is a challenging perspective. A change of drug, a simple urinary tract infection or a change in the social situation may tip the balance.

Treatment involves treating the main problem, looking for drug interactions, and ruling out underlying delirium, depression or dementia.

Post illness problems with ongoing delirium, decreased nutrition and problems with mobility may become matters of grave concern.

The team from Christian Medical College and Hospital present a practical approach to comprehensive care involving a physiotherapist, a nurse and a doctor in the acute setting.

A Physiotherapist's Approach

34-50% of the elderly hospitalized patients experience functional decline. A comprehensive assessment and treatment plan is necessary for optimum function in the elderly.

The treatment program begins with general condition training, which includes joint mobilization, muscle strengthening exercises, balance, coordination and posture re-education.

This is followed by functional activity training, which focuses on bed mobility, transfers and ambulation.

These approaches are individualized depending on the specific needs of the patient.

All these therapeutic techniques will improve the patients' quality of life.

A Nursing perspective

The Geriatric team at Christian Medical College prepared a simple risk assessment tool. A nurse can administer this at the bedside. This tool enables the members in the health team to plan, organize and execute effective care to the elderly patients in an acute setting. Based on this tool, patients are categorized into three categories, depending on cognition, mobility and their ability to perform activities of daily living. Category I patients are independent, Category II patients are moderately dependent, and Category III patients are highly dependent. We present this tool, which may be used in a hospital setting to categorize patients and give them appropriate care.

The aim of all these interventions is to modify the physical environment, prevent iatrogenic illness, detect and treat functional impairments, promote mobility, and treat nutritional problems. In doing so, we hope to improve the patient's quality of life.
