Physical or psychological change? Which is the most important rehabilitation outcome for older people who fall?

SIR—The National Institute for Clinical Excellence is currently preparing clinical guidelines on ‘the assessment and prevention of falls in older people’. It is timely, therefore, to consider just what such programmes should really be trying to achieve. Are they only about preventing falls, all falls, in ambulant older people? Clearly this is unrealistic. Not all falls are preventable and not all old people who fall are bothered enough about doing so to attend a ‘falls group’. Many consider that they have more interesting things to do [1]. On the one hand the increasing incidence of hip fractures needs to be controlled but the usual culprit, osteoporosis, is most successfully prevented earlier in life. In any case only about 10% of non-fatal falls result in serious injury [2]. On the other hand anxiety about falling and its consequences ‘profoundly threaten’ many older peoples’ quality of life [3]. But even people who are concerned about falling are not necessarily prepared to take preventive measures other than ‘taking care’ [4]. Thus the most likely participants in ‘falls prevention’ programmes, and those most likely to adhere, are older people who are seriously concerned about falling. At present, however, published ‘falls prevention’ programmes, focus on achieving physical change in participants by encouraging them to exercise in order to improve their postural stability through increased lower limb extensor power and ankle joint mobility. Like others before us [5], we suggest that psychological change, in terms of decreased anxiety about, or fear of, falling with increased balance confidence, is an even more important outcome.

Anxiety about falling is commonly attributed simply to having fallen yet four groups of older people have been revealed [6]: fallen and afraid, not fallen and afraid, fallen and not afraid, not fallen not afraid. An alternative, cognitive psychological explanation is suggested: anxiety about falling arises from the interplay of people’s belief about how likely they are to fall and their awareness of what might happen to them if a fall occurs [7]. The more anxious people are about falling the lower will be their confidence in their capability to move about without falling and do what they want to do i.e. their balance confidence [8, 9]. Whereas anxiety is an emotion, confidence (or self-efficacy) is a cognitive construct, concerned with people’s beliefs in their capabilities to produce results and accomplish designated types of performance [10]. Good balance confidence is the most desirable outcome of rehabilitation for older people who are bothered about falling since it is fundamental to their quality of life. Measures of it can be tailored to a person’s particular needs and wishes. But they can also reveal apparently unrealistic confidence which should be explored.

Techniques to foster confidence in the ability to cope with the symptoms of chronic disease have been used successfully for some time [11, 12] but they are not yet used routinely with posturally unstable older people. However we do know that postural stability can be improved, and thereby falls risk reduced [13]. If we assume that being more steady leads to feeling less likely to fall then fear of doing so should also decrease [7]. Moreover, we know that advising on hazard reduction in the home and training in safe behaviour reduce falls [14, 15]. These interventions may also help people to feel safe at home and thereby further decrease their perceived likelihood of falling and hence their anxiety about doing so. But reducing older people’s concern about the consequences of falling may be the intervention which raises confidence most effectively [16], for example training them how to cope after a fall and how to avoid a long lie [17]. Together all these interventions should not only reduce the number of times they fall but also improve older people’s balance confidence and hence their sense of well-being. Given that any pathological reasons for falling have been identified and, where possible treated, a realistic approach to managing this problem is set out in the aims of the rehabilitative management of elderly people who have fallen [18].

Editor’s note: I would like to draw your attention to the fact that we will be publishing a paper entitled ‘RESTRICTION IN ACTIVITY RESULTING FROM FEAR OF FALLING AMONG COMMUNITY-BASED SENIORS USING HOME CARE SERVICES’ by Fletcher et al. in issue 33(3). It will be available on our website from 23 February.

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Awareness of over-the-counter drug use by elderly patients. A hospital-based questionnaire survey

SIR—Muensterer et al. describe a patient with acute hyperkalaemic paralysis caused by erroneous over-the-counter (OTC) potassium supplementation and initially interpreted as spinal cord injury [1]. The authors conclude that instructions for OTC supplements must be clear and concise to prevent life-threatening medication errors.

Self-medication with over-the-counter medicines has many potential benefits [2], but it can also lead to unnecessary illness caused by excessive, inappropriate or inadequate consumption [3–5]. Routine treatment monitoring of older people includes prescribed-only medicines and OTC medicines [6].

A study of 100 elderly patients admitted to a UK hospital reported that 78% were self-medicating with OTC medications [7]. Less than 1% of OTC medicines were recorded in the admitting hospital doctor’s notes or the nursing care plans, and 20 errors and omissions were found to be of clinical significance. The reasons for poor OTC medication stories involve several factors [8].

We carried out a questionnaire survey amongst doctors and pharmacists working in the department of Integrated Medicine of three district general hospitals testing their perceptions of OTC drug use by elderly patients [9].

Of a total of 86 doctors and 35 pharmacists that completed the questionnaire survey only 10 individuals (8.2%) claimed to always enquire about over-the-counter drug use when taking a drug history from an elderly patient.

Of those surveyed, 47.5% felt that elderly patients are less likely to use OTC than their younger counterparts. Eighty-one subjects (71.9%) understated the percentage of elderly patients likely to use over-the-counter medications at the time of their hospital admission. No significant differences were found between the perceptions of doctors and pharmacists or between hospital sites.

Awareness of over-the-counter drug use by elderly patients is poor amongst our hospital doctors and pharmacists. Greater vigilance and increased documentation amongst hospital doctors and pharmacists for OTC drug use is required in order to reduce the number of medication-related problems.

Likewise elderly patients should be encouraged to discuss their use of OTC medicines when coming into contact with health professionals.

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