Letters to the Editor

Re: The impact of cognition on falls prevention programmes

SIR—We read with interest the findings of the paper by Irvine et al. [1]. This paper further highlights the difficulties geriatricians face in finding effective ways to prevent falls in the community. One of the points we felt may have been overlooked was the effect of cognition on the falls rate and future attendance to a falls prevention program. Previous research has shown that cognitive impairment has a significant impact on falls and risk of future falls [2]. In our own day hospital cohort up to two-thirds of our community-based falls referrals would have some degree of cognitive impairment. The screening tool used did not take this into consideration and may have contributed to the large drop-out rate and subsequent negative analysis of the falls prevention programme. Also in the subsequent analysis of the paper the authors did not stipulate whether they felt this had played a role in the negative outcome of the paper. The concern is that in a time of fiscal constraints—particularly in a European context—these papers lend weight to a lack of provision for falls prevention in older people. As geriatricians we must aim to emphasize the heterogenous nature of older patients attending our clinics. Differentiating between cognitively impaired and cognitively intact patients may help better inform the design of falls prevention strategies, and which particular patient groups to target.

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References


Reply

Re: The impact of cognition on falls prevention programmes

SIR—The issue of cognitive impairment and falls remains something of an elephant in the room. There are few evidence-based strategies to guide clinicians as to how best to prevent falls in people with cognitive impairment. Clearly further research is required.

Another elephant is the cost of falls prevention. Our paper gave the cost of a day hospital delivered multifactorial falls programme at £350. When applied to a screened population, the cost per fall averted was £3200—this is prohibitive, especially in the current economic climate.

Not only do we need to urgently address falls management in people with cognitive impairment, but we need to develop interventions that are cost-effective. This may need to include uni-disciplinary interventions, such as strength and balance training [1], but adapted for people with dementia.

It is perhaps time to challenge conventional thinking that frail older people need a geriatrician, and start thinking about what can be achieved in reality?

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Reference


doi: 10.1093/ageing/afr092