Implementing the evidence: management of falls risk factors, adherence and uptake

1 in 3 Aboriginal Australians over 45 years fell at least once in the previous year

Why worry about adherence?
- Community: adherence 50% after 12 months (in RCT studies....)
- Older adults most sedentary in society
- High proportion not meeting physical activity guidelines

Nyman 2012a 2012b

Home modification adherence

<table>
<thead>
<tr>
<th>Modification</th>
<th>% of homes recommended</th>
<th>Adherence at 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mats/rugs</td>
<td>48%</td>
<td>49%</td>
</tr>
<tr>
<td>Change footwear</td>
<td>24%</td>
<td>54%</td>
</tr>
<tr>
<td>Use non-slip bathmat</td>
<td>21%</td>
<td>75%</td>
</tr>
<tr>
<td>Change behaviour, improve safety</td>
<td>15%</td>
<td>60%</td>
</tr>
<tr>
<td>Use light at night</td>
<td>13%</td>
<td>58%</td>
</tr>
<tr>
<td>Add rail to stairs</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Move electrical cords</td>
<td>12%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Cumming et al 1999
Adherence to what??

• General advice
• Exercise
• Home modifications
• Medication change
• Change glasses
• Health professional safety recommendations (e.g. hospital)
• Chronic disease management

Compliance  Adherence  Uptake
Participation  Sustainability
Frameworks/tools

- Knowledge to action framework
- Behaviour change
- Health belief model
- Motivational interviewing
- Goal setting models
- Person-centred care
- Stages of change
Terms Used

- Falls Prevention
- Minimising falls risk
- Minimising fall-related injuries
- Managing falls risk factors

Assessment Completed

- A Score?
- Rating of Severity?
  - High
  - Medium
  - Low

What now?

Interventions can be:

OR
### Bunn et al, 2008

#### General falls prevention (community)

**Facilitators**
- Information that falls are preventable
- Life enhancing strategies, wellness
- Information from multiple sources, different languages
- Choice of interventions
- High self efficacy
- Personalised modifications
- Emphasise social aspect

**Barriers**
- Fatalism
- Believing physical decline inevitable
- Lack of information
- One size fits all approach
- Low self efficacy
- No previous falls
- Using scare tactics
- Social stigma

### Bunn et al, 2008

#### Exercise programmes

**Facilitators**
- Previous exercise habit
- Making exercise fun
- Good leadership
- Information about other benefits of exercise
- Tailored programmes
- Convenience, price, transport

**Barriers**
- No previous exercise habit
- Physical discomfort
- Beliefs about personality type
- Perception of being too old
- Poor knowledge of suitable exercise
- High cost, access

### Bunn et al, 2008

#### Home modifications/aids

**Facilitators**
- Feeling of ownership of intervention
- Referral from health care professional, especially doctor

**Barriers**
- Interventions that seem intrusive/patronising
- Stigma of aids associated with old age
Strategies to guide complex goal setting

- What’s important to me/for me?
- What’s working/not working
- Alternate opinions
- Good day/bad day
- Stages of change techniques
- Motivational techniques

Stages of Change

- Precontemplation (no intention to change)
- Contemplation (ambivalence/possibility of change)
- Preparation (commitment to change)
- Action
- Maintenance
Motivational interviewing

Provide specific info (non-judgemental)

Elicit facts from patient (assess what they know)

Elicit (check their thoughts about this new info)

“Yes, but …”
Motivational Interviewing

“if...then”

Paula Kersten, Auckland University of Technology, NZ
Strategies to encourage & maintain adherence: exercise

- Identify & address attitudes to exercise
- Involve carer/support person
- Highlight positive message: wellness rather than falls prevention
- Phone calls between visits
- Regular contact
- Incorporate exercise into everyday activity
- Exercise partner?

Strategies

- Promote positive aspect, don’t overemphasise falls prevention
- Home-based for people who dislike groups, unable to attend
- Support/invitation from health professionals
Promoting engagement in falls prevention activities

- Recommendations:
  - Raise awareness that specific activity can improve balance and prevent falls
  - Promote immediate benefits
  - Use variety of social encouragement
  - Interventions designed to meet needs, preferences and capabilities of target group
  - Give older people an active role
  - Draw on validated methods for promoting adherence

Yardley 2012

Consider:

- The term ‘falls prevention’ can be unfamiliar and a difficult concept
- What changes are people willing to make
- What might be some of the barriers to taking action
- There is a risk that offering several interventions may be confusing and provides conflicting advice so staged and integrated manner of delivery may be appropriate.
- Be person-centred......
Adherence

• Effective falls prevention depends on adherence
• Many factors influence adherence
• Need to consider how we can maximise adherence