University Hospitals Bristol NHS
NHS Foundation Trust

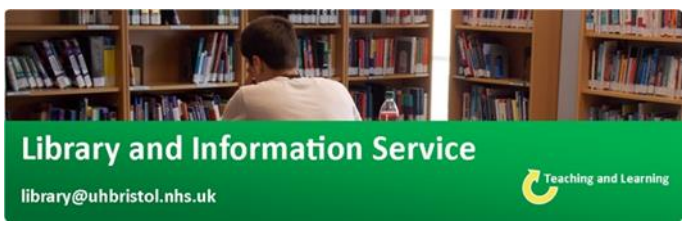
Falls

Current Awareness Newsletter

January 2017

(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Lunchtime Drop-in Sessions

All sessions last one hour

February (12.00)	
Fri 3rd	**Literature Searching**
Mon 6th	**Critical Appraisal**
Tue 14th	**Statistics**
Wed 22nd	**Literature Searching**

March (13.00)	
Thurs 2nd	**Critical Appraisal**
Fri 10th	**Interpreting Statistics**
Mon 13th	**Literature Searching**
Tues 21st	**Critical Appraisal**
Weds 29th	**Interpreting Statistics**

Your Outreach Librarian – Jo Hooper

Whatever your information needs, the library is here to help. As your outreach librarian I offer **literature searching services** as well as training and guidance in **searching the evidence** and **critical appraisal** – just email me at library@uhbristol.nhs.uk

OUTREACH: Your Outreach Librarian can help facilitate evidence-based practise for all in the falls team, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **current awareness alerts**. We also offer one-to-one or small group training in **literature searching, accessing electronic journals, and critical appraisal**. Get in touch: library@uhbristol.nhs.uk

LITERATURE SEARCHING: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence. Please email requests to library@uhbristol.nhs.uk

Contents

Latest Evidence

NICE National Institute for Health and Care Excellence

Preventing Patient Falls [PDF]

Source: Hospitals in Pursuit of Excellence - 04 October 2016

Falls prevention in hospital : a guide for patients, their families and carers

Source: Royal College of Physicians of London - RCP - 17 October 2016 - Publisher: Royal College of Physicians (RCP)

Falls in Patients With Heart Failure: A Systematic Review

Source: PubMed - 01 November 2016

Medication use, falls, and fall-related worry in older adults in the United States

07 November 2016 - Publisher: Consultant Pharmacist

The effect of total knee arthroplasty on patients' balance and incidence of falls: a

systematic review

Source: PubMed - 19 October 2016

Evaluation of an intervention to prevent falls [PDF]

Source: RAND Europe - 26 October 2016 - Publisher: RAND Europe

Cochrane Library

Interventions for preventing falls in people with multiple sclerosis

Sara Hayes , Catriona Kennedy , Rose Galvin , Marcia Finlayson , Christopher McGuigan ,

Online Publication Date: January 2017

Paracetamol (acetaminophen) with or without codeine or dihydrocodeine for neuropathic pain in adults

Philip J Wiffen , Roger Knaggs , Sheena Derry , Peter Cole , Tudor Phillips

Online Publication Date: December 2016

Pharmacotherapies for sleep disturbances in dementia

Jenny McCleery , Daniel A. Cohen and Ann L Sharpley

Online Publication Date: November 2016

Repetitive task training for improving functional ability after stroke

Beverley French , Lois H Thomas , Jacqueline Coupe , Naoimh E McMahon , Louise Connell , Online Publication Date: November 2016

Exercise for preventing falls in older people living in the community

Catherine Sherrington , Anne Tiedemann , Nicola J Fairhall , Sally Hopewell , Zoe A Michaleff Online Publication Date: November 2016

UpToDate®

OpenAthens login required. Register here: https://openathens.nice.org.uk/

Falls in older persons: Risk factors and patient evaluation

- Risk factors
- Diagnostic testing

- Falls risk assessment
- Summary and recommendations

Falls: Prevention in community-dwelling older persons

- Vitamin D supplementation
- Preventing falls
- Summary and recommendations

Falls: Prevention in nursing care facilities and the hospital setting

- Prevention strategies
- Causes and risk factors
- Epidemiology
- Screening for fall risk
- Summary and recommendations

To access electronic resources you need an NHS Athens username and password

To register, click on the link: **https://openathens.nice.org.uk/**

You need to register using an NHS PC and an NHS email address.

Registration is a quick, simple process, and will give you access to a huge range of online subscription resources, including:

UpToDate

NHS Evidence

E-journalsE-books

For more information or help with setting up your Athens account, email:

library@uhbristol.nhs.uk

Current Awareness Database Articles

1. Nocturia Is Associated with Slipping and Falling.

Author(s): Kim, So Young; Bang, Woojin; Kim, Min-Su; Park, Bumjung; Kim, Jin-Hwan; Choi, Hyo Geun

Source: PloS one; 2017; vol. 12 (no. 1); p. e0169690

Publication Type(s): Journal Article

Available in full text at PLoS One - from ProQuest

Abstract: Several reports have demonstrated associations between falls and nocturia in the elderly. However, little information is available regarding other age groups. This study evaluated the relationship between the frequency of nocturia and falls in men using a large, population-based survey in Korea, and the results were adjusted for various confounding factors. Data from a 2011 Korean community health survey (KCHS) were retrieved for 92,660 men aged 19 to 103 years. Information regarding the history of slips or falls in the past year was collected. The frequency of nocturia was classified as 0, 1, 2, 3, 4, and ≥ 5 instances a night. Walking during the day, education, income, body mass index (BMI), smoking, alcohol consumption, sleep time, stress level and medical histories of hypertension, diabetes mellitus, hyperlipidemia, cerebral stroke, angina or myocardial infarction, arthritis, and osteoporosis were adjusted using multiple logistic regression analysis with complex sampling. A subgroup analysis was conducted for young (19-30 years), middle-aged (31-60 years), and elderly individuals (61+ years). Approximately 14.6% of the men had a history of falls. Their mean age was 42.9 years, which was significantly higher than that of the non-faller group (P < 0.001). An increased frequency of nocturia was associated with increased adjusted odds ratio (AOR) for falls (AOR for 1 instance of nocturia/night = 1.41 [95% confidence interval, 1.33-1.50]; AOR for 2 instances = 1.41 [1.33-1.50]; AOR for 3 instances = 2.00 [1.75-2.28]; AOR for 4 instances = 2.12 [1.73-2.61]; AOR for ≥ 5 instances = 2.02 [1.74-2.36], P < 0.001). In the subgroup analysis, the AORs for falls significantly increased in all age groups as the frequency of nocturia increased.

2. Dizziness and Falls in Obese Inpatients Undergoing Metabolic Rehabilitation.

Author(s): Corna, Stefano; Aspesi, Valentina; Cau, Nicola; Scarpina, Federica; Gattini Valdés, Natalia; Brugliera, Luigia; Cimolin, Veronica; Capodaglio, Paolo

Source: PloS one; 2017; vol. 12 (no. 1); p. e0169322

Publication Type(s): Journal Article

Available in full text at PLoS One - from ProQuest

Abstract: The relationship between dizziness and falls in the obese population is a relatively unexplored issue. The aims of the present study were to define the 1-year prevalence of dizziness in an obese inpatient population undergoing metabolic rehabilitation and to investigate possible correlations with fall events. We recruited 329 obese subjects: 203 female (BMI 43,74 kg/m2 ± 0.5 SE; age 17-83 years, 58.33 ± 0.9 SE) and 126 male (BMI 44,27kg/m2 ± 0.7 DE age 27-79 years, 58.84 ± 1 SE). To assess dizziness we used the validated Italian version (38) of the Dizziness Handicap Inventory (DHI). Out of the experimental sample, 100 subjects did not complain of dizziness and felt confident about their balance control, while 69.6% reported some degree of dizziness. Their mean DHI score was 22.3, which corresponds to mild dizziness. Twenty-one percent reported more severe dizziness (DHI score > 40). The majority of our sample reported minor dizziness and its perception appears to be independent from BMI: DHI scores were consistent across classes of obesity. The rate of dizziness and falls (30.1%) in an this obese population was higher than that previously reported in a general matched population. However, obese subjects, in our sample, seem to

underestimate their risk of fall and DHI score does not appear a reliable predictor of falls. Since complications associated with falls in obese persons generally require longer treatments than in lean individuals, our findings should be taken into account in order to identify other predictors, including cognitive and perceptual, of risk of fall and to implement fall prevention programs.

3. Involvement of the end user: exploration of older people's needs and preferences for a wearable fall detection device - a qualitative descriptive study.

Author(s): Thilo, Friederike Js; Bilger, Selina; Halfens, Ruud Jg; Schols, Jos Mga; Hahn, Sabine

Source: Patient preference and adherence; 2017; vol. 11 ; p. 11-22

Publication Type(s): Journal Article

Abstract: To explore the needs and preferences of community-dwelling older people, by involving them in the device design and mock-up development stage of a fall detection device, consisting of a body-worn sensor linked to a smartphone application. A total of 22 community-dwelling persons 75 years of age and older were involved in the development of a fall detection device. Three semistructured focus group interviews were conducted. The interview data were analyzed using qualitative descriptive analysis with deductive coding. The mock-up of a waterproof, body-worn, automatic and manual alerting device, which served both as a day-time wearable sensor and a night-time wearable sensor, was welcomed. Changes should be considered regarding shape, color and size along with alternate ways of integrating the sensor with items already in use in daily life, such as jewelry and personal watches. The reliability of the sensor is key for the participants. Issues important to the alerting process were discussed, for instance, who should be contacted and why. Several participants were concerned with the mandatory use of the smartphone and assumed that it would be difficult to use. They criticized the limited distance between the sensor and the smartphone for reliable fall detection, as it might restrict activity and negatively influence their degree of independence in daily life. This study supports that involving end users in the design and mock-up development stage is welcomed by older people and allows their needs and preferences concerning the fall detection device to be explored. Based on these findings, the development of a "need-driven" prototype is possible. As participants are doubtful regarding smartphone usage, careful training and support of community-dwelling older people during real field testing will be crucial.

4. Investigating the relationship between reduced self-awareness of falls risk, rehabilitation engagement and falls in older adults

Author(s): Mihaljcic T.; Ponsford J.L.; Stolwyk R.J.; Haines T.P.

Source: Archives of Gerontology and Geriatrics; Mar 2017; vol. 69 ; p. 38-44

Publication Type(s): Journal: Article

Abstract: The present study aimed to investigate whether self-awareness of falls risk is associated with rehabilitation engagement, motivation for rehabilitation, and number of falls after hospital discharge. The sample comprised 91 older adults (Mage = 77.97, SD = 8.04) undergoing inpatient rehabilitation. The Self-Awareness of Falls Risk Measure (SAFRM) was used to measure different aspects of self-awareness. The treating physiotherapist and occupational therapist rated the patient's engagement in rehabilitation and the patient reported his/her motivation for treatment. Falls information was collected from the patient and significant other once a month for three months following hospital discharge. Significant correlations were found between physiotherapist-rated engagement and intellectual (rs = -0.22, p s = -0.24, p s = -0.38 and -0.31, p s = -0.31 and -0.26, p <0.05, respectively). Regression analyses indicated that overall self-awareness provided a unique contribution to occupational therapist-rated engagement when controlling for age, gender, cognition and functional ability. Falls were reported by 29.9% of participants, however, self-

awareness did not differ significantly between fallers and non-fallers. The findings suggest that self-awareness of falls risk is associated with rehabilitation engagement and motivation. Therefore, improving patient self-awareness of falls risk may increase engagement in therapy leading to better patient outcomes.

5. The role of postural instability/gait difficulty and fear of falling in predicting falls in non-demented older adults

Author(s): Allali G.; Ayers E.I.; Holtzer R.; Verghese J.

Source: Archives of Gerontology and Geriatrics; Mar 2017; vol. 69 ; p. 15-20

Publication Type(s): Journal: Article

Abstract: Introduction Postural instability/gait difficulty (PIGD) and fear of falling (FoF) frequently co-exist, but their individual predictive values for falls have not been compared in aging. This study aims to determine both independent and combined effect of PIGD and FoF to falls in older adults without dementia. Methods PIGD and other extrapyramidal signs were systematically assessed in 449 community-dwelling participants without Parkinson's disease (76.48 +/- 6.61 ys; 56.8% female) enrolled in this longitudinal cohort study. Presence of FoF was measured by a single-item question (Do you have a FoF?) and self-confidence by the Activities-specific Balance Confidence scale (ABC scale). Results One hundred sixty-nine participants (38%) had an incident fall over a mean follow-up of 20.1 +/- 12.2 months. PIGD was present in 32% and FoF in 23% of the participants. Both PIGD (adjusted hazard ratio (aHR): 2.28; p = 0.016) and self-confidence (aHR: 0.99; p = 0.040) predicted falls when entered simultaneously in the Cox model. However, presence of FoF (aHR: 1.99; p = 0.021) and self-confidence (aHR: 0.98; p = 0.006) predicted falls only in individuals with PIGD. Conclusions PIGD and FoF were associated with future falls in older adults without dementia but FoF was a fall's predictor only in individuals with PIGD. Copyright © 2016 Elsevier Ireland Ltd

6. A simple test of choice stepping reaction time for assessing fall risk in people with multiple sclerosis.

Author(s): Tijsma, Mylou; Vister, Eva; Hoang, Phu; Lord, Stephen R

Source: Disability and rehabilitation; Mar 2017; vol. 39 (no. 6); p. 601-607

Publication Type(s): Journal Article

Abstract: Purpose To determine (a) the discriminant validity for established fall risk factors and (b) the predictive validity for falls of a simple test of choice stepping reaction time (CSRT) in people with multiple sclerosis (MS). **(Abstract edited)**

7. Multiscale and Shannon entropies during gait as fall risk predictors-A prospective study

Author(s): Bizovska L.; Svoboda Z.; Janura M.; Vuillerme N.

Source: Gait and Posture; Feb 2017; vol. 52 ; p. 5-10

Publication Type(s): Journal: Article

Abstract: Although entropy-based measurements of gait dynamics are becoming widely used tools for fall risk assessment, their relationship to fall occurrence is still unclear. The aim of this study was hence to compare fallers and non-fallers in terms of gait dynamics assessed by the multiscale and Shannon entropy.

This study included 139 participants, aged 60-80 years, divided into two groups according to fall occurrence during a 6-month prospective observation (38 fallers, 101 non-fallers). **(Abstract edited)**

8. Can Nursing Units With High Fall Rates Be Identified Using One Year of Data? Reliability of Fall Rates As a Function of the Number of Quarters on Which They Are Based.

Author(s): Staggs, Vincent S; Cramer, Emily

Source: Research in nursing & health; Feb 2017; vol. 40 (no. 1); p. 80-87

Publication Type(s): Journal Article

Abstract: Reliability-the extent to which multiple measurements of a target yield similar results-is critical in comparing healthcare provider quality. Hospital unit fall rates are widely tracked and used for benchmarking, but their reliability is not well-studied. Our twofold purpose was to estimate fall rate reliability, both in terms of signal (between-unit variability) relative to noise (within-unit variability) and in terms of the accuracy with which units can be classified as high-fall units; and to assess reliability as a function of the number of quarters of data used to compute fall rates. Using year 2013 data from 11,765 critical care, step-down, medical, surgical, medical-surgical, and rehabilitation units in 1,552 US hospitals, we identified high-fall-rate units, computed units' signal-noise reliability, and simulated data to assess accuracy of high-fall-rate unit classification as a function of quarters of data. When critical care units were excluded, median unit type signal-noise reliabilities for annual total and injurious fall rates, respectively, ranged from .74 to .82 and from .53 to .68. In simulation, seven quarters of data were sufficient to achieve top-decile misclassification rates at or below 10% for all unit types except critical care. Top-quartile misclassification rates were higher; even 12 quarters of data did not consistently yield top-quartile misclassification rates below 10%. In the absence of long-term data, and for units with low patient volume and unit types with very low fall rates, comparison with a unit's own historical data may be more helpful for quality monitoring than attempting to rank it among its peers. © 2016 Wiley Periodicals, Inc.

9. Exposure to Anticholinergic and Sedative Drugs, Risk of Falls, and Mortality: An Elderly Inpatient, Multicenter Cohort: Erratum.

Source: Journal of clinical psychopharmacology; Feb 2017; vol. 37 (no. 1); p. 26

Publication Type(s): Journal Article

10. Orthostatic Hypotension in Middle-Age and Risk of Falls.

Author(s): Juraschek, Stephen P; Daya, Natalie; Appel, Lawrence J; Miller, Edgar R; Windham, Beverly Gwen; Pompeii, Lisa; Griswold, Michael E; Kucharska-Newton, Anna; Selvin, Elizabeth

Source: American journal of hypertension; Feb 2017; vol. 30 (no. 2); p. 188-195

Publication Type(s): Journal Article

Abstract: One-third of older adults fall each year. Orthostatic hypotension (OH) has been hypothesized as an important risk factor for falls, but findings from prior studies have been inconsistent. We conducted a prospective study of the association between baseline OH (1987-1989) and risk of falls in the Atherosclerosis Risk in Communities (ARIC) Study. Falls were ascertained during follow-up via ICD-9 hospital discharge codes or Centers for Medicare & Medicaid Services claims data. OH was defined as a drop in systolic blood pressure (SBP) ≥20mm Hg or diastolic blood pressure (DBP) ≥10mm Hg within 2 minutes of

moving from the supine to standing position. Changes in SBP or DBP during OH assessments were also examined as continuous variables**(Abstract edited)**

11. Falls Risk, Orthostatic Hypotension, and Optimum Blood Pressure Management: Is It All in Our Heads?

Author(s): Finucane, Ciarán; Kenny, Rose Anne

Source: American journal of hypertension; Feb 2017; vol. 30 (no. 2); p. 115-117

Publication Type(s): Journal Article

12. Fear of falling reduced by a lay led home-based program in frail community-dwelling older adults: A randomised controlled trial

Author(s): Kapan A.; Luger E.; Haider S.; Dorner T.E.; Titze S.; Schindler K.; Lackinger C.

Source: Archives of Gerontology and Geriatrics; Jan 2017; vol. 68 ; p. 25-32

Publication Type(s): Journal: Article

Abstract: Background In older adults, fear of falling (FOF) leads to a decline in daily physical activity quality of life and an increased risk of falling. The aim of this randomised controlled trial was to assess the effects of a 12-week home-based intervention program carried out by lay volunteers on FOF in frail older adults. Methods Thirty-nine participants were randomised to a physical training and nutrition (PTN) group and 41 participants to a social support (SOSU) group. In the PTN group, strength training and conversation about optimising nutrition were performed twice weekly, and the SOSU group received home visits without intervention. FOF and change of FOF were assessed using the Falls Efficacy Scale - International (FES-I). The Short Physical Performance Battery (SPPB), the Physical Activity Scale for the Elderly (PASE) and maximum handgrip strength and their changes were also assessed. Results The mean FES-I score at baseline was 42.7 points and was significantly associated with the SPPB and PASE scores. The FES-I score significantly changed in the PTN group from 44.1 to 39.9 points over the course of the intervention. Twenty-seven percent of the participants showed a decreased FES-I score of at least 4 points. This decrease was associated with an increase in the SPPB score and an increase in handgrip strength Conclusion A 12-week structured physical training and nutrition intervention carried out by lay volunteers, which leads to an increase in physical activity and improved physical performance, can reduce FOF by about 10%. Copyright © 2016 Elsevier Ireland Ltd

13. Orthostatic hypotension does not predict recurrent falling in a nursing home population

Author(s): Hartog L.C.; Groenier K.H.; Kleefstra N.; Bilo H.J.G.; Cimzar-Sweelssen M.; Knipscheer A.; van Hateren K.J.J.

Source: Archives of Gerontology and Geriatrics; Jan 2017; vol. 68 ; p. 39-43

Publication Type(s): Journal: Article

Abstract: Objective Most studies regard orthostatic hypotension (OH) as a causal factor for falls. However, the evidence is lacking for this assumption. We aimed to investigate the relationship between orthostatic hypotension and fall incidents in nursing home residents. **(Abstract edited)**

14. Intraindividual variability and falls in older adults

Author(s): Bauermeister S.; Mon-Williams M.; Wilkie R.; Graveson J.; Bunce D.; Sutton G.; Cracknell A.; Wilkinson C.; Holt R.

Source: Neuropsychology; Jan 2017; vol. 31 (no. 1); p. 20-27

Publication Type(s): Journal: Article

Abstract: Objective: We investigated whether a simple measure of reaction time (RT) intraindividual variability (IIV) was associated with falls in older adults. Falls and fall-related injuries represent a major cost to health care systems, it is therefore critically important to find measures that can readily identify older adults at greater risk of falling. **(Abstract edited)**

15. Complicated Fall in a 78-Year-Old Lady

Author(s): Looby S.; Royston D.; Brett F.

Source: Brain Pathology; Jan 2017; vol. 27 (no. 1); p. 109-110

Publication Type(s): Journal: Note

Database: EMBASE

16. CYP2C9 Genotypes Modify Benzodiazepine-Related Fall Risk: Original Results From Three Studies With Meta-Analysis

Author(s): Ham A.C.; Ziere G.; Broer L.; Enneman A.W.; van Dijk S.C.; Zillikens M.C.; van Gelder T.; Lips P.; Uitterlinden A.G.; Stricker B.H.; van der Velde N.; Hofman A.; Swart K.M.A.; van Schoor N.M.; de Vries O.J.; Deeg D.J.H.; van Wijngaarden J.P.; van der Zwaluw N.L.; Brouwer-Brolsma E.M.; Dhonukshe-Rutten R.A.M.; de Groot L.C.P.G.M.; Witkamp R.F.

Source: Journal of the American Medical Directors Association; Jan 2017; vol. 18 (no. 1); p. 88

Publication Type(s): Journal: Article

Abstract: Objective To investigate whether the CYP2C9*2 and *3 variants modify benzodiazepine-related fall risk. Design Three prospective studies; the Rotterdam Study, B-PROOF, and LASA. Setting Community-dwelling individuals living in or near five Dutch cities. Participants There were 11,485 participants aged >55 years. Measurements Fall incidents were recorded prospectively. Benzodiazepine use was determined using pharmacy dispensing records or interviews. Cox proportional hazard models adjusted for age and sex were applied to determine the association between benzodiazepine use and fall risk stratified for CYP2C9 genotype and comparing benzodiazepine users to nonusers. The results of the three studies were combined applying meta-analysis. **(Abstract edited)**

17. Inpatient falls after shoulder arthroplasty

Author(s): Menendez M.E.; Jawa A.; Ring D.

Source: Journal of Shoulder and Elbow Surgery; Jan 2017; vol. 26 (no. 1); p. 14-19

Publication Type(s): Journal: Article

Abstract: Background Patient falls are one of the most commonly reported safety incidents in hospitals and an important cause of harm. Despite growing interest in postoperative fall prevention, data on the extent and correlates of falls among elective orthopedic inpatients are sparse and confined to lower limb arthroplasty. We evaluated inpatient fall trends after elective shoulder arthroplasty and identified patient

and hospital characteristics associated with the occurrence of falls. Methods We used discharge records from the Nationwide Inpatient Sample (2002-2011). Temporal trends were assessed, and multivariate logistic regression modeling was used to characterize factors associated with inpatient falls. **(Abstract edited)**

18. The effects of eyeball exercise on balance ability and falls efficacy of the elderly who have experienced a fall: A single-blind, randomized controlled trial

Author(s): Park J.-H.

Source: Archives of Gerontology and Geriatrics; Jan 2017; vol. 68 ; p. 181-185

Publication Type(s): Journal: Article

Abstract: Purpose The purpose of this study was to investigate the effects of eyeball exercise on balance and fall efficacy of the elderly who have experienced a fall. Material and methods Subjects were randomly assigned to the eyeball exercise group (n = 30) or functional exercise group (n = 31). All subjects received 30 sessions for 10 weeks. To identify the effects on balance, static and dynamic balance were measured using the center of pressure (CoP) measurement equipment and Timed Up and Go Test (TUGT) respectively. Fall efficacy was evaluated using the modified efficacy scale (MFES). The outcome measurements were performed before and after the 10 weeks training period. Results After 10 weeks, static balance, dynamic balance, and fall efficacy were significantly improved in both groups. Also, there were significant differences in the outcome measures between both groups ($p < 0.05$). Conclusions These results indicate that eyeball exercise is beneficial to improve the fall efficacy as well as the balance of the elderly compared with functional exercise. Eyeball exercise would be useful to improve balance and fall efficacy of the elderly who have experienced a fall.

19. Cross-cultural validation of the Falls Efficacy Scale-International (FES-I) in Portuguese community-dwelling older adults

Author(s): Figueiredo D.; Santos S.

Source: Archives of Gerontology and Geriatrics; Jan 2017; vol. 68 ; p. 168-173

Publication Type(s): Journal: Article

Abstract: The Falls Efficacy Scale-International (FES-I) is a highly reliable instrument to assess fear of falling among older population. This study aimed to develop a European Portuguese version of the FES-I (FES-I(P)) and analyse its psychometric properties in terms of internal consistency, test-retest reliability, concurrent and convergent validity. A cross-sectional study was conducted. Data collection integrated a socio-demographic questionnaire which included falls history and presence/absence of fear of falling, the Activities-specific Balance Confidence Scale (ABC), the Hospital Anxiety and Depression Scale (HADS), the Timed Up and Go (TUG) and the Five Times Sit to Stand Test (FTSST). Descriptive and inferential statistical analyses were performed. **(Abstract edited)**

20. Individual and contextual characteristics of indoor and outdoor falls in older residents of Sao Paulo, Brazil

Author(s): do Nascimento C.F.; Lebrao M.L.; Chiavegatto Filho A.D.P.; Duarte Y.A.O.

Source: Archives of Gerontology and Geriatrics; Jan 2017; vol. 68 ; p. 119-125

Publication Type(s): Journal: Article

Abstract: Purpose of the study To analyze a representative sample of older individuals of Sao Paulo, Brazil, according to outdoor fallers, indoor fallers and non-fallers, and to identify biological and socioeconomic (individual and contextual) factors associated with the occurrence and place of falls. Materials and methods A cross-sectional study was conducted using data (n = 1345) from the 2010 wave of the Health, Wellbeing and Aging (SABE) Study, a representative sample of older residents (60 years and older) of Sao Paulo, Brazil. Multinomial logistic analysis was performed to identify individual factors associated with the occurrence and place of falls, and multilevel multinomial analysis to identify contextual effects (green areas, violence, presence of slums and income inequality). Results 29% had a fall in the last 12 months, with 59% occurring in indoor spaces. Individuals who had outdoor falls were overall not statistically different from non-fallers; on the other hand, those who had the last fall indoor had worse health status. Moderate homicide rate was a factor associated with increased presence of indoor falls, compared with non-fallers. Implications Our results describe the importance of falls, a common problem in active and community-dwelling older adults of Sao Paulo, Brazil. Transforming outdoor spaces into walk-friendly areas is essential to allow socialization and autonomy with safety. Creating strategies that take into account the most vulnerable populations, as those who live in violent areas and the oldest older adults, will be a growing challenge among developing countries. Copyright © 2016 Elsevier Ireland Ltd

21. Evaluation of the "medication fall risk score".

Author(s): Yazdani, Cyrus; Hall, Scott

Source: American Journal of Health-System Pharmacy; Jan 2017; vol. 74 (no. 1)

Publication Type(s): Academic Journal

22. Complex and Simple Clinical Reaction Times Are Associated with Gait, Balance, and Major Fall Injury in Older Subjects with Diabetic Peripheral Neuropathy.

Author(s): Richardson, James K.; Eckner, James T.; Allet, Lara; Kim, Hogene; Ashton-Miller, James A.

Source: American Journal of Physical Medicine & Rehabilitation; Jan 2017; vol. 96 (no. 1); p. 8-16

Publication Date: Jan 2017

Publication Type(s): Academic Journal

23. Preventing falls in older people.

Author(s): Oxtoby, Kathy

Source: British Journal of Community Nursing; Jan 2017; vol. 22 (no. 1); p. 683-683

Publication Type(s): Academic Journal

24. Culture Most Important in Preventing Falls with Elderly.

Source: Case Management Advisor; Jan 2017; vol. 28 (no. 1); p. 15-15

Publication Date: Jan 2017

Publication Type(s): Periodical

25. Quick fixes to keep you from falling.

Source: Harvard Health Letter; Jan 2017; vol. 42 (no. 3); p. 4-4

Publication Date: Jan 2017

Publication Type(s): Periodical

26. Use of routinely collected data in reporting falls in hospitals in a local health district in New South Wales, Australia.

Author(s): Lieu Thi Thuy Trinh; Achat, Helen; Assareh, Hassan

Source: Health Information Management Journal; Jan 2017; vol. 46 (no. 1); p. 15-22

Publication Type(s): Academic Journal

27. Factors related to fear of falling among community-dwelling older adults.

Author(s): Hoang, Oanh Tran Thi; Jullamate, Pornchai; Piphatvanitcha, Naiyana; Rosenberg, Edwin

Source: Journal of Clinical Nursing; Jan 2017; vol. 26 (no. 1/2); p. 68-76

Publication Type(s): Academic Journal

28. Intentional Rounding: a staff-led quality improvement intervention in the prevention of patient falls.

Author(s): Morgan, Lauren; Flynn, Lorna; Robertson, Eleanor; New, Steve; Forde-Johnston, Carol; McCulloch, Peter

Source: Journal of Clinical Nursing; Jan 2017; vol. 26 (no. 1/2); p. 115-124

Publication Type(s): Academic Journal

29. Near-Falls in Elderly Community-Dwelling Blacks From Two Out-Patient Clinics in Harlem.

Author(s): Basler, Geraldine V.; O'Connell, Kathleen A.; Bundy, Kristen

Source: Nursing Research; Jan 2017; vol. 66 (no. 1); p. 49-53

Publication Type(s): Academic Journal

30. Using Embedded Sensors in Independent Living to Predict Gait Changes and Falls.

Author(s): Phillips, Lorraine J.; DeRoche, Chelsea B.; Rantz, Marilyn; Alexander, Gregory L.; Skubic, Marjorie; Despins, Laurel; Abbott, Carmen; Harris, Bradford H.; Galambos, Colleen; Koopman, Richelle J.

Source: Western Journal of Nursing Research; Jan 2017; vol. 39 (no. 1); p. 78-94

Publication Type(s): Academic Journal

31. Brain activation in high-functioning older adults and falls: Prospective cohort study.

Author(s): Verghese, Joe; Wang, Cuiling; Ayers, Emmeline; Izzetoglu, Meltem; Holtzer, Roee

Source: Neurology; Jan 2017; vol. 88 (no. 2); p. 191-197

Publication Type(s): Journal Article

Abstract: To determine whether brain activity over the prefrontal cortex measured in real time during walking predicts falls in high-functioning older adults. We examined166 older persons (mean age 75 years, 51% women) enrolled in a prospective aging study. High-functioning status defined as the absence of dementia or disability with normal gait diagnosed by study clinicians. The magnitude of task-related changes in oxygenated hemoglobin levels over the prefrontal cortex was measured with functional near-infrared spectroscopy during motor (walking at normal pace) and cognitive (reciting alternate letters of the alphabet) single tasks and a dual-task condition (walking while reciting alternate letters of the alphabet). Incident falls were prospectively assessed over a 50-month study period. Over a mean follow-up of 33.9 ± 11.9 months, 116 falls occurred. Higher levels of prefrontal cortical activation during the dual-task walking condition predicted falls (hazard ratio adjusted for age, sex, education, medical illnesses and general mental status 1.32, 95% confidence interval 1.03-1.70). Neither behavioral outcomes (velocity or letter rate) on the dual task nor brain activation patterns on the single tasks (normal walk or talk alone) predicted falls in this high-functioning sample. The results remained robust after accounting for multiple confounders and for cognitive status, slow gait, previous falls, and frailty. Prefrontal brain activity levels while performing a cognitively demanding walking condition predicted falls in high-functioning seniors. These findings implicate neurobiological processes early in the pathogenesis of falls. © 2016 American Academy of Neurology.

32. Epidemiological survey of the feasibility of broadband ultrasound attenuation measured using calcaneal quantitative ultrasound to predict the incidence of falls in the middle aged and elderly.

Author(s): Ou, Ling-Chun; Chang, Yin-Fan; Chang, Chin-Sung; Chiu, Ching-Ju; Chao, Ting-Hsing; Sun, Zih-Jie; Lin, Ruey-Mo; Wu, Chih-Hsing

Source: BMJ open; Jan 2017; vol. 7 (no. 1); p. e013420

Publication Type(s): Journal Article

Available in full text at BMJ Open - from Highwire Press

Abstract: We investigated whether calcaneal quantitative ultrasound (QUS-C) is a feasible tool for predicting the incidence of falls. Prospective epidemiological cohort study. Community-dwelling people sampled in central western Taiwan. A cohort of community-dwelling people who were ≥40 years old (men: 524; women: 676) in 2009-2010. Follow-up questionnaires were completed by 186 men and 257 women in 2012. Structured questionnaires and broadband ultrasound attenuation (BUA) data were obtained in 2009-2010 using QUS-C, and follow-up surveys were done in a telephone interview in 2012. Using a binary logistic regression model, the risk factors associated with a new fall during follow-up were analysed with all significant variables from the bivariate comparisons and theoretically important variables **(Abstract edited)**

34. Fear of falling and mortality among community-dwelling older adults in the Shih-Pai study in Taiwan: A longitudinal follow-up study.

Author(s): Chang, Hsiao-Ting; Chen, Hsi-Chung; Chou, Pesus

Source: Geriatrics & gerontology international; Jan 2017

Publication Type(s): Journal Article

Abstract: Little is known about the association between fear of falling (FOF) and the risk of mortality. The aim of the present study was to investigate the association between FOF and mortality among community-

dwelling older adults. A total of 3814 older adults aged 65 years and older living in the Shih-Pai area in Taiwan participated in this 7-year follow-up longitudinal study. A structured questionnaire was used to record participants' FOF, history of falling, demographic characteristics, medical conditions, history of insomnia, depression symptoms and subjective health from 1999 to 2002. Follow-up all-cause mortality data were obtained from the National Death Registry of the Department of Health to identify the occurrence of deaths from the initial interview through to 31 December 2008**(Abstract edited)**

35. Seasonal ambient changes influence inpatient falls.

Author(s): Magota, Chie; Sawatari, Hiroyuki; Ando, Shin-Ichi; Nishizaka, Mari K; Tanaka, Kaoru; Horikoshi, Kaori; Hoashi, Izumi; Nobuko, Hashiguchi; Ohkusa, Tomoko; Chishaki, Akiko

Source: Age and ageing; Jan 2017

Publication Type(s): Journal Article

Abstract:falls by inpatients often result in serious injuries and deterioration in a patient's physical abilities and quality of life, especially among older individuals. Although various factors have been found to be associated with falls, the combined effects of behavioural and ambient factors are not fully evaluated. we investigated the influence of both behavioural and ambient factors on inpatient falls, focusing on seasonal and diurnal variations. retrospective study. we surveyed the incident reports related to falls from April 2010 to March 2014 and examined the relationship between the incidents and seasonal and diurnal variations in behavioural and ambient factors, including the sunrise time, the night-time length and temperature. we identified 464 fallers from 3,037 incident reports. **(Abstract edited)**.

36. Supporting the Information Domains of Fall-Risk Management in Home Care via Health Information Technology.

Author(s): Alhuwail, Dari; Koru, Güneş; Mills, Mary Etta

Source: Home health care services quarterly; Jan 2017

Publication Type(s): Journal Article

Abstract: In the US, home care clinicians often start the episode of care devoid of relevant fall-risk information. By collecting and analyzing qualitative data from thirty clinicians in one home health agency, this case study aimed to understand how the currently adopted information technology solutions supported the clinicians' fall-risk management (FRM) information domains, and explored opportunities to adopt other solutions to better support FRM. The currently adopted electronic health record system and fall-reporting application served only some information domains with a limited capacity. Substantial improvement in addressing the FRM information domains is possible by effectively modifying the existing solutions and purposefully adopting new solutions.

37. Sono-photo-degradation of carbamazepine in a thin falling film reactor: Operation costs in pilot plant.

Author(s): Expósito, A J; Patterson, D A; Monteagudo, J M; Durán, A

Source: Ultrasonics sonochemistry; Jan 2017; vol. 34 ; p. 496-503

Publication Type(s): Journal Article

Abstract: The photo-Fenton degradation of carbamazepine (CBZ) assisted with ultrasound radiation (US/UV/H2O2/Fe) was tested in a lab thin film reactor allowing high TOC removals (89% in 35min). The

synergism between the UV process and the sonolytic one was quantified as 55.2%. To test the applicability of this reactor for industrial purposes, the sono-photo-degradation of CBZ was also tested in a thin film pilot plant reactor and compared with a 28L UV-C conventional pilot plant and with a solar Collector Parabolic Compound (CPC). At a pilot plant scale, a US/UV/H2O2/Fe process reaching 60% of mineralization would cost 2.1 and 3.8€/m(3) for the conventional and thin film plant respectively. The use of ultrasound (US) produces an extra generation of hydroxyl radicals, thus increasing the mineralization rate. In the solar process, electric consumption accounts for a maximum of 33% of total costs. Thus, for a TOC removal of 80%, the cost of this treatment is about 1.36€/m(3). However, the efficiency of the solar installation decreases in cloudy days and cannot be used during night, so that a limited flow rate can be treated.

38. Abnormal increase of Mn and TP concentrations in a temperate reservoir during fall overturn due to drought-induced drawdown.

Author(s): Qiu, Xiaopeng; Huang, Tinglin; Zeng, Mingzheng; Shi, Jianchao; Cao, Zhanhui; Zhou, Shilei

Source: The Science of the total environment; Jan 2017; vol. 575 ; p. 996-1004

Publication Type(s): Journal Article

Abstract: Due to global warming, some regions of Earth may face frequent and severe droughts in the future, leading to the deterioration of surface water quality. In this study, we investigated the effects of drought-induced drawdown on the water quality of the Zhoucun Reservoir, Shandong Province, East China, during the fall overturn. Field surveys were conducted during stratification (April-November) over three standard years 2012, 2013, and 2014, and over the El Niño event of 2015. Temporal and vertical variations of the physical and chemical indexes were investigated during monitoring. Results show that after the formation of stratification, the hypolimnion rapidly shifted to anaerobic conditions, with the accumulation of pollutants such as manganese (Mn) and total phosphorous (TP). Due to the extreme El Niño event in 2015, both the upper and lower metalimnion limits moved down along with the water level in summer, which resulted in the transfer of hypolimnion water to the metalimnion. In summer 2015, large amounts of pollutants were measured in the metalimnion: a phenomenon that did not occur at the same period of the standard years. At the beginning of the overturn in 2015, the water quality of the whole reservoir deteriorated when the metalimnion water shifted to the epilimnion. Mn and TP concentrations in the epilimnion reached 0.202mg/L and 0.086mg/L, respectively, which are significantly higher than those in the standard years. Although the tributary rivers entered the epilimnion of the reservoir during the overturn, Mn and TP concentrations of the inflow were only of 0.049-0.072mg/L and 0.033-0.047mg/L, respectively, indicating that these rivers were not the source of the high TP and high Mn concentrations in the epilimnion. Hence, we conclude that more attention should be paid to the metalimnion position and the vertical distribution of pollutants when studying lakes and reservoirs experiencing droughts.

39. Great expectations for simtuzumab in IPF fall short.

Author(s): Meyer, Keith C

Source: The Lancet. Respiratory medicine; Jan 2017; vol. 5 (no. 1); p. 2-3

Publication Type(s): Journal Article

40. Evidence-based guidelines for fall prevention in Korea.

Author(s): Kim, Kwang-Il; Jung, Hye-Kyung; Kim, Chang Oh; Kim, Soo-Kyung; Cho, Hyun-Ho; Kim, Dae Yul; Ha, Yong-Chan; Hwang, Sung-Hee; Won, Chang Won; Lim, Jae-Young; Kim, Hyun Jung; Kim, Jae Gyu; Korean Association of Internal Medicine, The Korean Geriatrics Society

Source: The Korean journal of internal medicine; Jan 2017; vol. 32 (no. 1); p. 199-210

Publication Type(s): Journal Article

Abstract: Falls and fall-related injuries are common in older populations and have negative effects on quality of life and independence. Falling is also associated with increased morbidity, mortality, nursing home admission, and medical costs. Korea has experienced an extreme demographic shift with its population aging at the fastest pace among developed countries, so it is important to assess fall risks and develop interventions for high-risk populations. Guidelines for the prevention of falls were first developed by the Korean Association of Internal Medicine and the Korean Geriatrics Society. These guidelines were developed through an adaptation process as an evidence-based method; four guidelines were retrieved via systematic review and the Appraisal of Guidelines for Research and Evaluation II process, and seven recommendations were developed based on the Grades of Recommendation, Assessment, Development, and Evaluation framework. Because falls are the result of various factors, the guidelines include a multidimensional assessment and multimodal strategy. The guidelines were developed for primary physicians as well as patients and the general population. They provide detailed recommendations and concrete measures to assess risk and prevent falls among older people.

41. Influence of focus of attention, reinvestment and fall history on elderly gait stability.

Author(s): de Melker Worms, Jonathan L A; Stins, John F; van Wegen, Erwin E H; Loram, Ian D; Beek, Peter J

Source: Physiological reports; Jan 2017; vol. 5 (no. 1)

Publication Type(s): Journal Article

Abstract: Falls represent a substantial risk in the elderly. Previous studies have found that a focus on the outcome or effect of the movement (external focus of attention) leads to improved balance performance, whereas a focus on the movement execution itself (internal focus of attention) impairs balance performance in elderly. A shift toward more conscious, explicit forms of motor control occurs when existing declarative knowledge is recruited in motor control, a phenomenon called reinvestment. We investigated the effects of attentional focus and reinvestment on gait stability in elderly fallers and nonfallers. **(Abstract edited)**

42. Disentangling the health benefits of walking from increased exposure to falls in older people using remote gait monitoring and multi-dimensional analysis.

Author(s): Brodie, Matthew A; Okubo, Yoshiro; Annegarn, Janneke; Wieching, Rainer; Lord, Stephen R; Delbaere, Kim

Source: Physiological measurement; Jan 2017; vol. 38 (no. 1); p. 45-62

Publication Type(s): Journal Article

Abstract: Falls and physical deconditioning are two major health problems for older people. Recent advances in remote physiological monitoring provide new opportunities to investigate why walking exercise, with its many health benefits, can both increase and decrease fall rates in older people. In this paper we combine remote wearable device monitoring of daily gait with non-linear multi-dimensional

pattern recognition analysis; to disentangle the complex associations between walking, health and fall rates. **(Abstract edited)**

43. Application of the Health Literacy INDEX on the development of a manual for prevention of falls for older adults.

Author(s): Andrade, Isabel; Silva, Catarina; Martins, Anabela Correia

Source: Patient education and counseling; Jan 2017; vol. 100 (no. 1); p. 154-159

Publication Type(s): Journal Article

Abstract: The Health Literacy INDEX tool has been developed for creating accessible and readable health information materials for people of all literacy levels. To increase knowledge of falls risk factors and actively engage older adults, we developed an improved manual for prevention of falls for low-health literacy older people entitled "Preventing falls-I can do it",with the aid of INDEX. First time application of the INDEX tool for assessing the health literacy demands of available manuals for prevention of falls for older adults and subsequent development of an improved manual using the INDEX tool as a checklist, supported by a pretest phase involving sixteen adults ≥65, living in the community, with literacy ≤4th grade and limited functional health literacy. The engagement of older adults from the target audience and their feedback obtained during the validation process contributed to the development of an improved health literacy- and age-friendly manual for prevention of falls. By offering effective health information materials, older adults can play a more active role in their health care. The manual developed to be health literacy- and age-friendly is available to be included in any multifactorial program for the prevention of falls in older adults.

44. Incidence rate of falls and its risk factors in patients with rheumatoid arthritis compared to controls: Four years of the TOMORROW study.

Author(s): Mamoto, Kenji; Inui, Kentaro; Okano, Tadashi; Sugioka, Yuko; Tada, Masahiro; Koike, Tatsuya; Nakamura, Hiroaki

Source: Modern rheumatology; Jan 2017; vol. 27 (no. 1); p. 8-14

Publication Type(s): Journal Article

Abstract: Patients with rheumatoid arthritis (RA) have been recognized to experience falls frequently due to functional disabilities. The aim of this study was to prospectively investigate factors influencing falls in patients with RA compared to controls. We compared the frequency of falls in 208 RA patients and 205 age- and sex-matched volunteers for four years and analyzed risk factors for falls in RA patients using multivariate regression analysis. No significant difference in the incidence rate of falls (/person-year) between patients with RA (median [interquartile range]: 0 [0, 0.5]) and controls (0 [0, 0.5]) was evident during four years. **(Abstract edited)**

45. Review of fall detection techniques: A data availability perspective.

Author(s): Khan, Shehroz S; Hoey, Jesse

Source: Medical engineering & physics; Jan 2017; vol. 39 ; p. 12-22

Publication Type(s): Journal Article Review

Abstract:A fall is an abnormal activity that occurs rarely; however, missing to identify falls can have serious health and safety implications on an individual. Due to the rarity of occurrence of falls, there may be

insufficient or no training data available for them. Therefore, standard supervised machine learning methods may not be directly applied to handle this problem. In this paper, we present a taxonomy for the study of fall detection from the perspective of availability of fall data. The proposed taxonomy is independent of the type of sensors used and specific feature extraction/selection methods. The taxonomy identifies different categories of classification methods for the study of fall detection based on the availability of their data during training the classifiers. Then, we present a comprehensive literature review within those categories and identify the approach of treating a fall as an abnormal activity to be a plausible research direction. We conclude our paper by discussing several open research problems in the field and pointers for future research.

46. A comparison of accuracy of fall detection algorithms (threshold-based vs. machine learning) using waist-mounted tri-axial accelerometer signals from a comprehensive set of falls and non-fall trials.

Author(s): Aziz, Omar; Musngi, Magnus; Park, Edward J; Mori, Greg; Robinovitch, Stephen N

Source: Medical & biological engineering & computing; Jan 2017; vol. 55 (no. 1); p. 45-55

Publication Type(s): Journal Article

Abstract: Falls are the leading cause of injury-related morbidity and mortality among older adults. Over 90 % of hip and wrist fractures and 60 % of traumatic brain injuries in older adults are due to falls. Another serious consequence of falls among older adults is the 'long lie' experienced by individuals who are unable to get up and remain on the ground for an extended period of time after a fall. Considerable research has been conducted over the past decade on the design of wearable sensor systems that can automatically detect falls and send an alert to care providers to reduce the frequency and severity of long lies. While most systems described to date incorporate threshold-based algorithms, machine learning algorithms may offer increased accuracy in detecting falls. In the current study, we compared the accuracy of these two approaches in detecting falls by conducting a comprehensive set of falling experiments with 10 young participants. Participants wore waist-mounted tri-axial accelerometers and simulated the most common causes of falls observed in older adults, along with near-falls and activities of daily living. The overall performance of five machine learning algorithms was greater than the performance of five threshold-based algorithms described in the literature, with support vector machines providing the highest combination of sensitivity and specificity.

47. Deadly falls: operative versus nonoperative management of Type II odontoid process fracture in octogenarians.

Author(s): Graffeo, Christopher S; Perry, Avital; Puffer, Ross C; Carlstrom, Lucas P; Chang, Wendy; Mallory, Grant W; Clarke, Michelle J

Source: Journal of neurosurgery. Spine; Jan 2017; vol. 26 (no. 1); p. 4-9

Publication Type(s): Journal Article

Abstract:OBJECTIVE Type II odontoid fracture is a common injury among elderly patients, particularly given their predisposition toward low-energy falls. Previous studies have demonstrated a survival advantage following early surgery among patients older than 65 years, yet octogenarians represent a medically distinct and rapidly growing population. The authors compared operative and nonoperative management in patients older than 79 years. **(Abstract edited)**

48. A Cross-sectional Analysis of the Characteristics of Individuals With Parkinson Disease Who Avoid Activities and Participation Due to Fear of Falling.

Author(s): Landers, Merrill R; Lopker, Morgan; Newman, Molly; Gourlie, Russell; Sorensen, Spencer; Vong, Rithea

Source: Journal of neurologic physical therapy : JNPT; Jan 2017; vol. 41 (no. 1); p. 31-42

Publication Type(s): Journal Article

Abstract: Avoidance behavior can have deleterious consequences on health and quality of life for persons with Parkinson disease (PD); for this reason, it is important to identify potentially mitigable characteristics. We compared the characteristics of individuals with PD who exhibit fear of falling (FOF) avoidance behavior with those who do not **(Abstract edited)**

49. Recurrent Falls Associated with Lower Limb Deep Vein Thrombosis.

Author(s): Joo, Jae Jeong; Ahn, Byoung June; Kwon, Kyum Yil

Source: Journal of clinical neurology (Seoul, Korea); Jan 2017; vol. 13 (no. 1); p. 112-113

Publication Type(s): Letter

50. A home-based, carer-enhanced exercise program improves balance and falls efficacy in community-dwelling older people with dementia.

Author(s): Taylor, Morag E; Lord, Stephen R; Brodaty, Henry; Kurrle, Susan E; Hamilton, Sarah; Ramsay, Elisabeth; Webster, Lyndell; Payne, Narelle L; Close, Jacqueline C T

Source: International psychogeriatrics; Jan 2017; vol. 29 (no. 1); p. 81-91

Publication Type(s): Journal Article

Abstract: Older people with dementia are at increased risk of physical decline and falls. Balance and mood are significant predictors of falls in this population. The aim of this study was to determine the effect of a tailored home-based exercise program in community-dwelling older people with dementia. Forty-two participants with mild to moderate dementia were recruited from routine health services. All participants were offered a six-month home-based, carer-enhanced, progressive, and individually tailored exercise program. **(Abstract edited)**

Journals: Tables of Contents

The most recent issues of the following journals:

- **Age and Ageing**
- **Journal of the American Geriatrics Society**

Age and Ageing

November 2016; Volume 45, Issue 6

Journal of the American Geriatrics Society

December 2016; Volume 64, Issue 12

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1. **What would your PICO format be?**

Population/problem	
Intervention/indicator	
Comparator	
Outcome	

2. **What would your research question be?**

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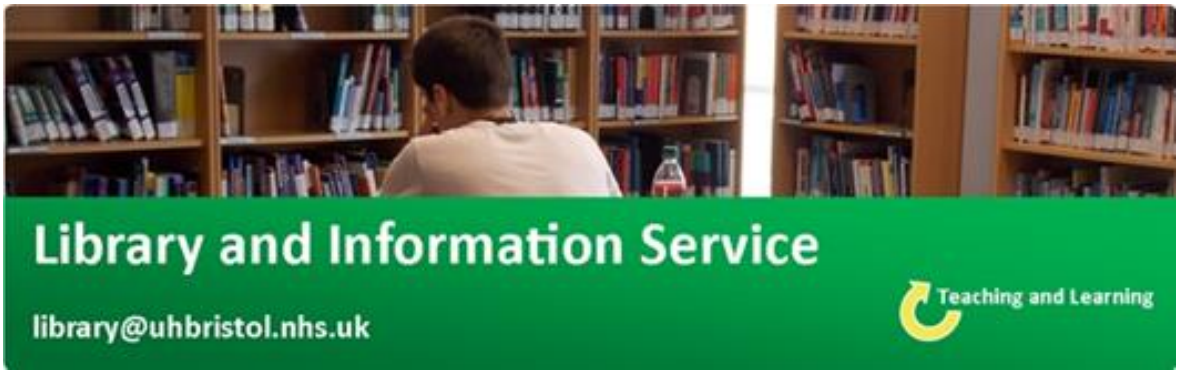
Research question: In obese patients, does chitosan, compared to a placebo, decrease weight?



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