

Falls

Evidence Update



July 2017

Respecting everyone
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Lunchtime Drop-in Sessions

All sessions last one hour

July (13.00-14.00)

12th (Wed) Critical Appraisal
21st (Fri) Literature Searching
26th (Wed) Interpreting Statistics

August (12.00-13.00)

4th (Fri) Critical Appraisal
9th (Wed) Literature Searching
15th (Tues) Interpreting Statistics
24th (Thurs) Critical Appraisal

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Contents

Latest Evidence: NICE, the Cochrane Library and UptoDate.....	3
Database Articles.....	7
Journals: Tables of Contents.....	10
Age and Ageing	
Journal of the American Geriatrics Society	

Updates

NICE National Institute for
Health and Care Excellence

[Perturbation-based balance training for falls reduction among older adults: Current evidence and implications for clinical practice](#)

Source: [PubMed](#) - 16 June 2017 - Publisher: Geriatrics & Gerontology International

...shown moderate reductions in falls incidence among healthy older adults, no significant falls incidence improvements have...groups with an increased falls risk (e.g. people with...actions required to prevent a fall. Perturbation-based balance...

[Medication Use and Fall-Related Hospital Admissions from Long-Term Care Facilities: A Hospital-Based Case-Control Study](#)

Source: [Medicines Management Collection](#) - 01 June 2017 - Publisher: Drugs & Aging

...whether polypharmacy and falls-risk medications are associated with fall-related hospital...were patients with falls and fall-related injuries...were associated with fall-related hospital...with polypharmacy. Falls-risk should be considered...

[The Tension Between Promoting Mobility and Preventing Falls in the Hospital](#)

05 June 2017 - Publisher: JAMA Internal Medicine

This Viewpoint explains the US Hospital Elder Life Program (HELP), which enhances mobility for elderly patients while decreasing the risk of falls in the hospital setting, and how implementing

programmes like HELP can have several potentially beneficial

[Beta-blocker use and fall risk in older individuals: Original results from two studies with meta-analysis](#)

04 July 2017 - Publisher: British Journal of Clinical Pharmacology

Overall 2917 patients had a fall during follow-up of 89,529 years. Meta-analysis indicated no link between use of any β -blocker (BB) vs. nonuse, and fall risk (FR). Use of selective BB was also not but use of nonselective BB was linked with increased FR (HR

[Falls, Functioning, and Disability Among Women With Persistent Symptoms of Chemotherapy-Induced Peripheral Neuropathy](#)

06 June 2017 - Publisher: Journal of Clinical Oncology

Analysis of 512 cancer survivors found that 47% still reported symptoms of chemotherapy-induced peripheral neuropathy an average of 6 years after treatment, including deficits in functional activities, and clinically meaningful measured deficits in gait and

Source: [Age UK](#) - 21 June 2017

...Confederation, N. H. S. (2012). Fall prevention: New approaches to integrated falls prevention services. The NHS Confederation briefing, (234). 131 Fall prevention: New approaches to integrated falls prevention services. NHS Confederation...



[Interventions for preventing falls in people with multiple sclerosis](#)

Sara Hayes , Catriona Kennedy , Rose Galvin , Marcia Finlayson , Christopher McGuigan , Cathal D Walsh and Susan Coote

Online Publication Date: January 2017

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Antipsychotic drugs and risk of falls and fracture (March 2017)

In a large, population-based sample of Finnish people with Alzheimer disease, new users of antipsychotic medication had an increased risk of hip fractures from the first days of use [4].

Subsequent to multiple similar reports in patients with varied disorders, the US Food and Drug Administration (FDA) issued a warning that antipsychotic drugs may cause **falls** and fractures as a result of somnolence, postural hypotension, and/or motor and sensory instability, and recommended that a fall risk assessment be completed when initiating antipsychotic treatment and recurrently for patients continuing on long-term antipsychotics. (See "[Second-generation antipsychotic medications: Pharmacology, administration, and side effects](#)", section on '**Falls**!')



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Database Articles

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk

1. "Falls prevention among older people and care providers: protocol for an integrative review"

Author(s): Cuesta-Benjumea, Carmen; Henriques, Maria Adriana; Abad-Corpa, Eva; Roe, Brenda; Orts-Cortes, María Isabel; Lidon-Cerezuela, Beatriz; Avendano-Cespedes, Almudena; Oliver-Carbonell, José Luís; Sanchez-Ardila, Carmen

Source: Journal of Advanced Nursing; Jul 2017; vol. 73 (no. 7); p. 1722

Publication Date: Jul 2017

Publication Type(s): Journal Article

Abstract: Aim To review the evidence about the role of care providers in fall prevention in older adults aged ≥ 65 years, this includes their views, strategies, and approaches on falls prevention and effectiveness of nursing interventions. Background Some fall prevention programmes are successfully implemented and led by nurses and it is acknowledged the vital role they play in developing plans for fall prevention. Nevertheless, there has not been a systematic review of the literature that describes this role and care providers' views on fall's prevention initiatives. Design A convergent synthesis of qualitative, quantitative, and mixed methods studies. The eligibility criteria will be based on participants, interventions/exposure, comparisons, and outcomes for quantitative studies and on population, the phenomena of interest and the context, for qualitative studies. To extract data and assess study qualities members of the research team will work in pairs according to their expertise. The review will follow the guidelines for integrative reviews and the proposed methods will adhere to the PRISMA statement checklist complemented by the ENTREQ framework. As qualitative synthesis are emergent, all procedures and changes in procedure will be documented. Discussion The review has a constructivist drive as studies that combine methods ought to be paradigmatic driven. Review questions are broad to allow issues emerge and have purposefully left the design flexible to allow for adjustments as the review progresses. The review seeks to highlight the roles that care providers play in fall prevention and their views on fall's prevention initiatives.

Database: BNI

2. Falls prevention: access and acceptability to all?

Author(s): Manthorpe, Jill; Moriarty, Jo

Source: Working With Older People; 2017; vol. 21 (no. 2); p. 72-81

Publication Date: 2017

Publication Type(s): Book Review

Abstract: Purpose The purpose of this paper is to explore the equalities' dimension of falls prevention services in light of the Equality Act 2010 and its protected characteristics. Research and policy are discussed in light of the Act and public services' duties to be aware of their responsibilities.

Design/methodology/approach An initial research review was undertaken in 2012 and updated in 2016.

Findings The research on falls prevention services does not always collect data on users of the service and services do not always collect data about their users that would enable them to build a picture of their users in line with the Equality Act 2010. Practical implications Services and commissioners will need to be able to show that the services funded by the public purse are accessible, acceptable and appropriate to the UK's increasingly diverse older population. This paper describes some of the existing resources and

research papers that contain elements of attention to the protected characteristics of the Equality Act 2010. Originality/value This is an update on a research review undertaken in 2012.

Database: BNI

3. Reducing patients' falls rate in an Academic Medical Center (AMC) using Six Sigma "DMAIC" approach

Author(s): Kuwaiti, Ahmed Al; Subbarayalu, Arun Vijay

Source: International Journal of Health Care Quality Assurance; 2017; vol. 30 (no. 4); p. 373-384

Publication Date: 2017

Publication Type(s): Journal Article

Abstract: Purpose The purpose of this paper is to evaluate the impact of adopting the Six Sigma define, measure, analyze, improve and control (DMAIC) approach in reducing patients fall rate in an Academic Medical Center, Saudi Arabia. Design/methodology/approach A prospective study design was adopted and this study was conducted at King Fahd Hospital of the University (KFHU) during the year 2014. Based on the historical data of the patients' falls reported at KFHU during the year 2013, the goal was fixed to reduce the falls rate from 7.18 to <3 (over 60 percent reduction) by the end of December 2014. This study was conducted through the five phases of "DMAIC" approach using various quality tools. Three time periods were identified, namely, pre-intervention phase; intervention phase; and post-intervention phase. Appropriate strategies were identified through the process of brainstorming and were implemented to study the potential causes leading to the occurrence of falls. Findings The pre-intervention falls rate was reported as 6.57 whereas the post-intervention falls rate was measured as 1.91 (demonstrating a 70.93 percent reduction) after the implementation of improvement strategies. The adherence rate toward the practice of carrying falls risk assessment and hourly rounding was observed to be high where 88 percent of nurses are regularly practicing it. A control plan was also executed to sustain the improvements obtained. Originality/value The Six Sigma "DMAIC" approach improves the processes related to the prevention of falls. A greater reduction in patients falls rate (over 70 percent) was observed after the implementation of the improvement strategy.

Database: BNI

4. Falls and Fall Prevention in Older Adults With Early-Stage Dementia: An Integrative Review

Author(s): Lach, Helen W; Harrison, Barbara E; Phongphanngam, Sutthida

Source: Research in Gerontological Nursing; May 2017; vol. 10 (no. 3); p. 139-148

Publication Date: May 2017

Publication Type(s): Journal Article

Available in full text at [Research in Gerontological Nursing](#) - from ProQuest

Abstract: Older adults with mild cognitive impairment (MCI) and early-stage dementia have an increased risk of falling, with risks to their health and quality of life. The purpose of the current integrative review was to evaluate evidence on fall risk and fall prevention in this population. Studies were included if they examined falls or fall risk factors in older adults with MCI or early-stage dementia, or reported interventions in this population; 40 studies met criteria. Evidence supports the increased risk of falls in individuals even in the early stages of dementia or MCI, and changes in gait, balance, and fear of falling that may be related to this increased fall risk. Interventions included exercise and multifactorial interventions that demonstrated some potential to reduce falls in this population. Few studies had strong designs to provide evidence for recommendations. Further study in this area is warranted. [Res Gerontol Nurs. 2017; 10(03):139-148.]

Database: BNI

5. A bedside tool to assess eyesight in hospital patients at risk of falls**Author(s):** Windsor, Julie; Dix, Ann**Source:** Nursing Times; May 2017; vol. 113 (no. 5); p. 22**Publication Date:** May 2017**Publication Type(s):** Journal Article

Abstract: Older people falling during a stay in hospital is a common occurrence that can have negative effects on health--sometimes even leading to death. As one of the main factors increasing the risk of falls is failing eyesight, hospital patients at higher risk of falls should always be assessed for vision problems--however, this does not always happen. In collaboration with a range of stakeholders and experts, the Royal College of Physicians has developed a bedside tool with simple questions and checks to be used by ward staff to help them identify eyesight issues and take measures to prevent falls.

Database: BNI

Journals: Tables of Contents

Click on the titles (+ Ctrl) for hyperlinks to the journal contents table. If you would like any of these papers in full text then get in touch: library@uhbristol.nhs.uk

Age and Ageing

July 2017; Volume 46, Issue 4



Journal of the American Geriatrics Society

June 2017; Volume 65, Issue 6





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