

The determinants and consequences of falling at older ages in England

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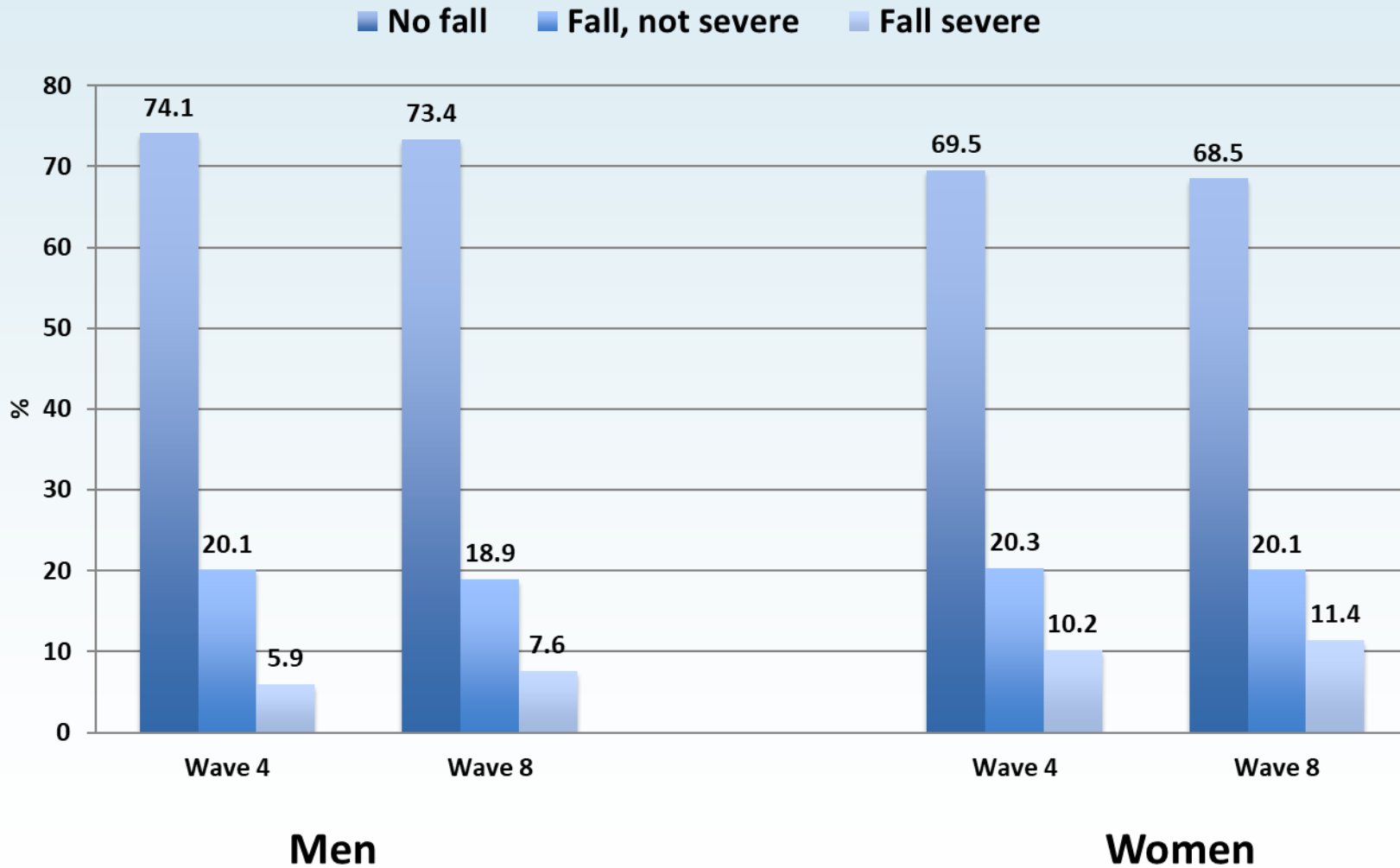
Jessica Abell

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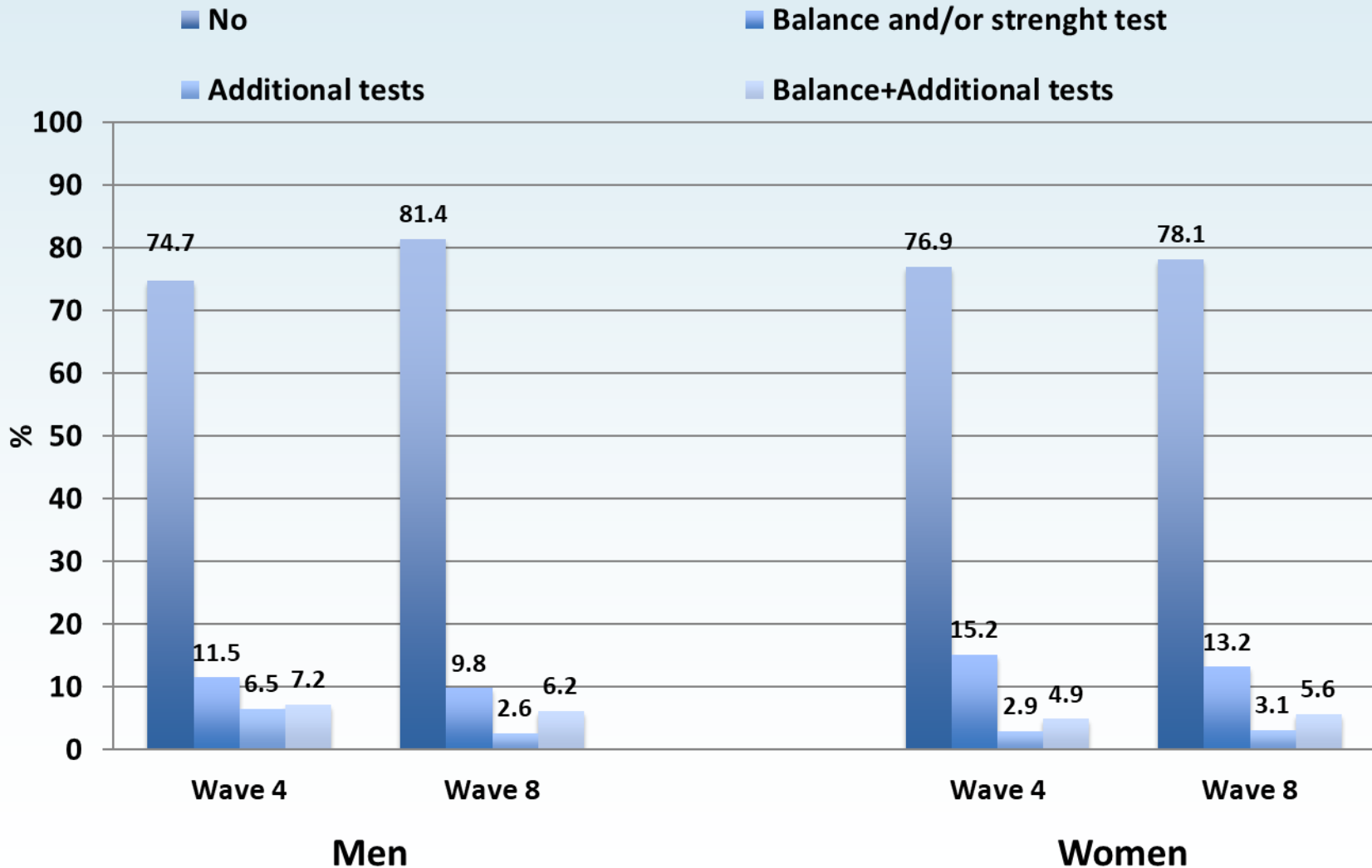
Why the focus on falls?

- Falls are common: 1 in 3 people aged 65+ experiences at least one fall each year in the UK.
- Older people who have suffered a fall experience an increased risk of recurrence and of being hospitalised
- Falls can be prevented

Age adjusted prevalence of falls in ELSA



Health professional follow-up for severe falls



Determinants of falls

Socio-economic and social risk factors associated with the risk of severe falls

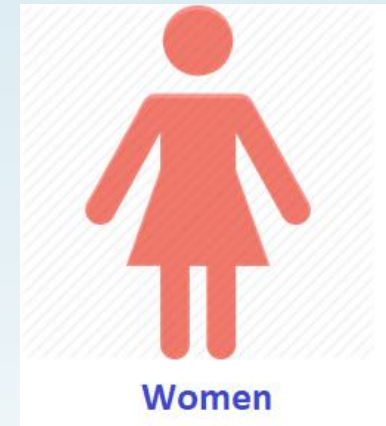
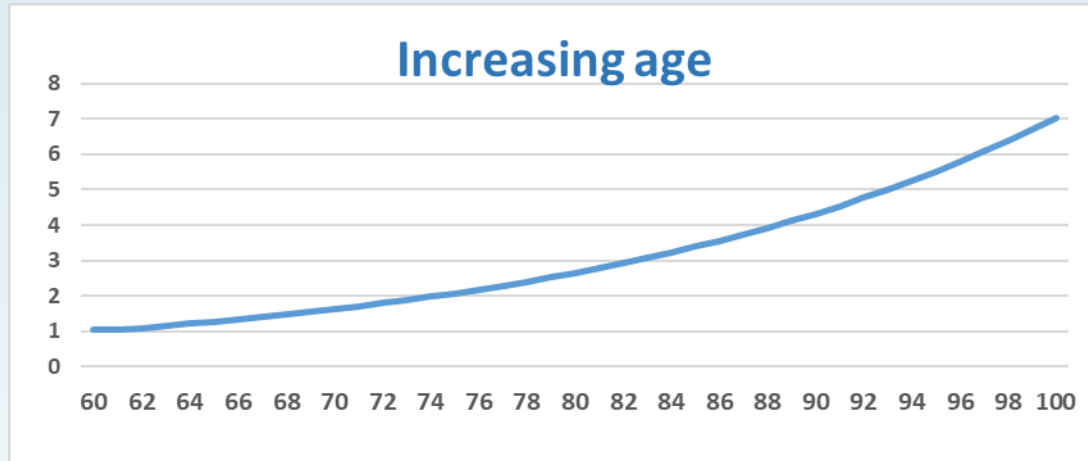


Photo by Changwoo Ryu

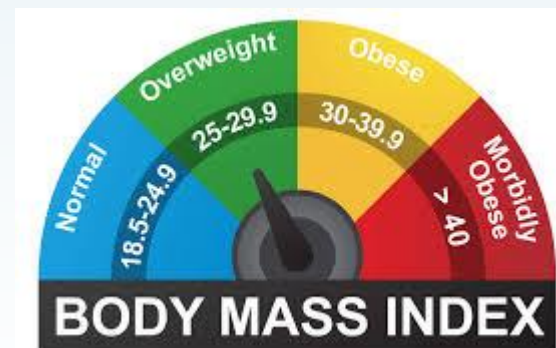
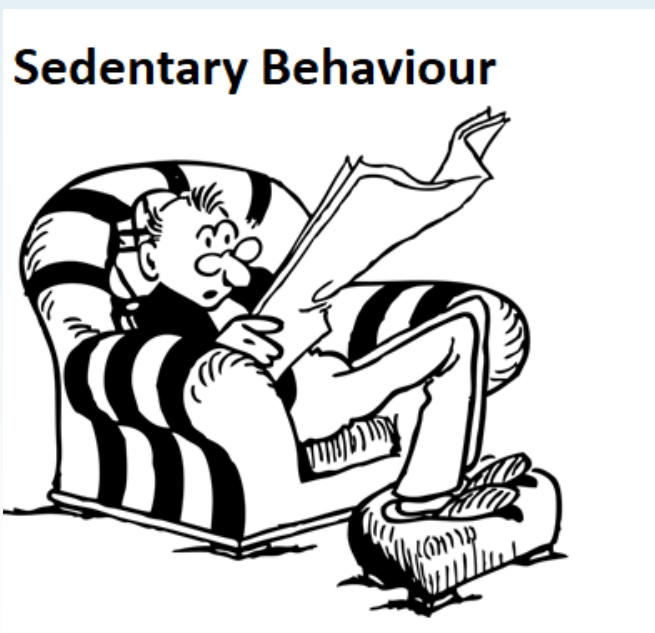
Socio-economic and social risk factors **NOT** associated with the risk of severe falls



Health behaviour risk factors

High risk of experiencing a severe fall

Not associated with the risk of severe falls



Health factors associated with increased risk of severe falls

Depression

CHD

Stroke

Arthritis

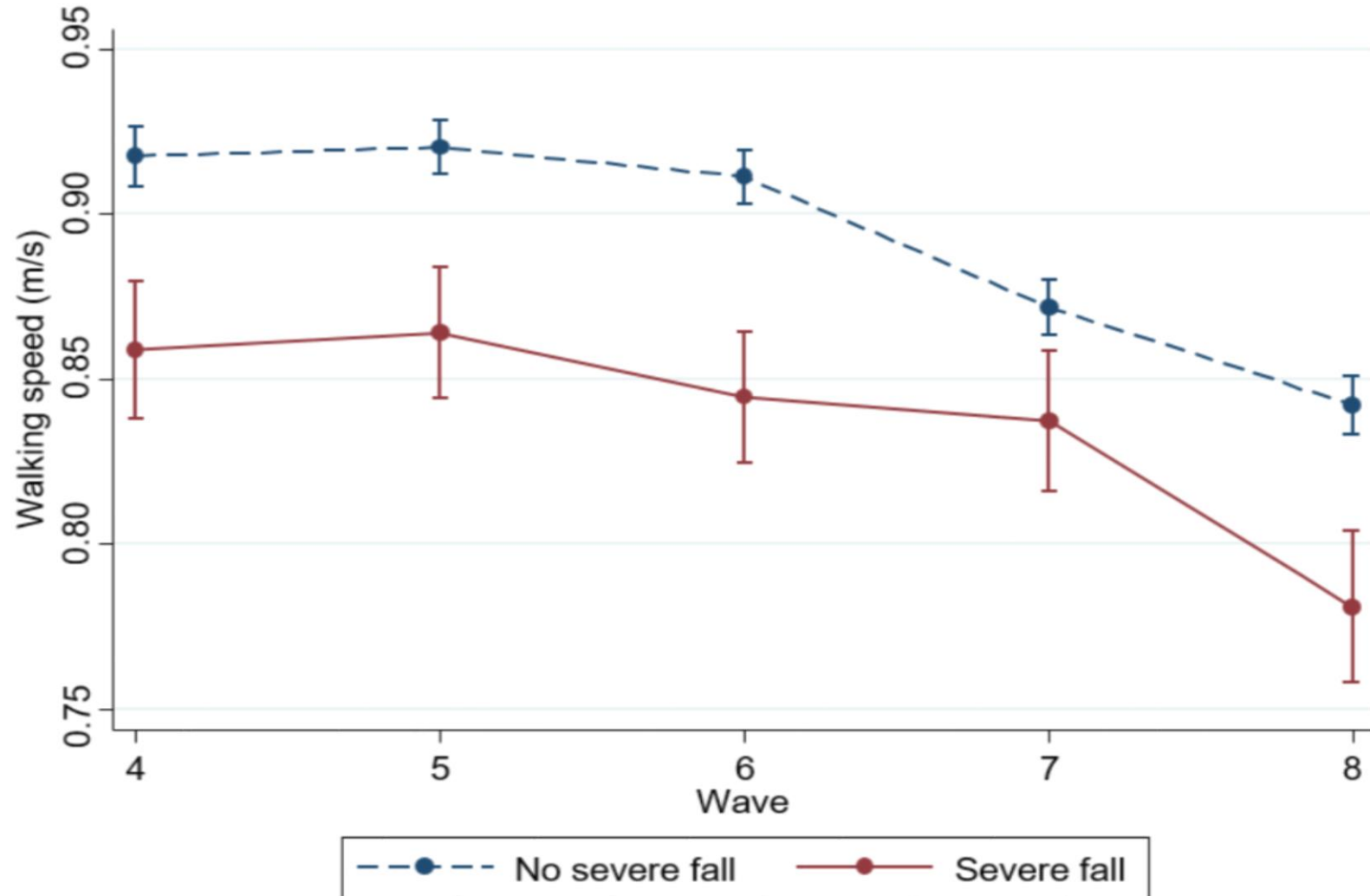
Slow walking speed

Limitations with ADLs & IADLs

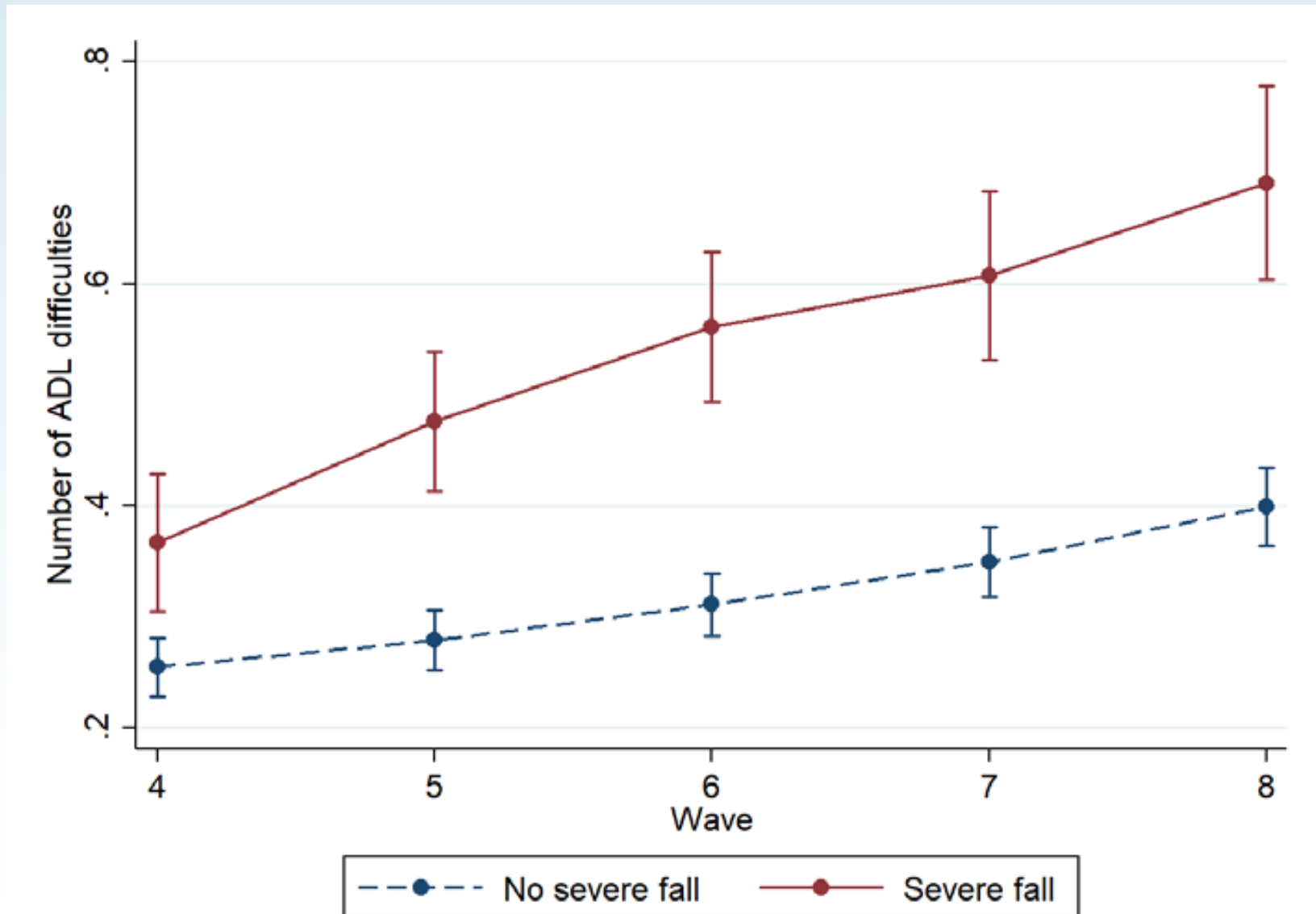
Incontinence

Consequences of falling

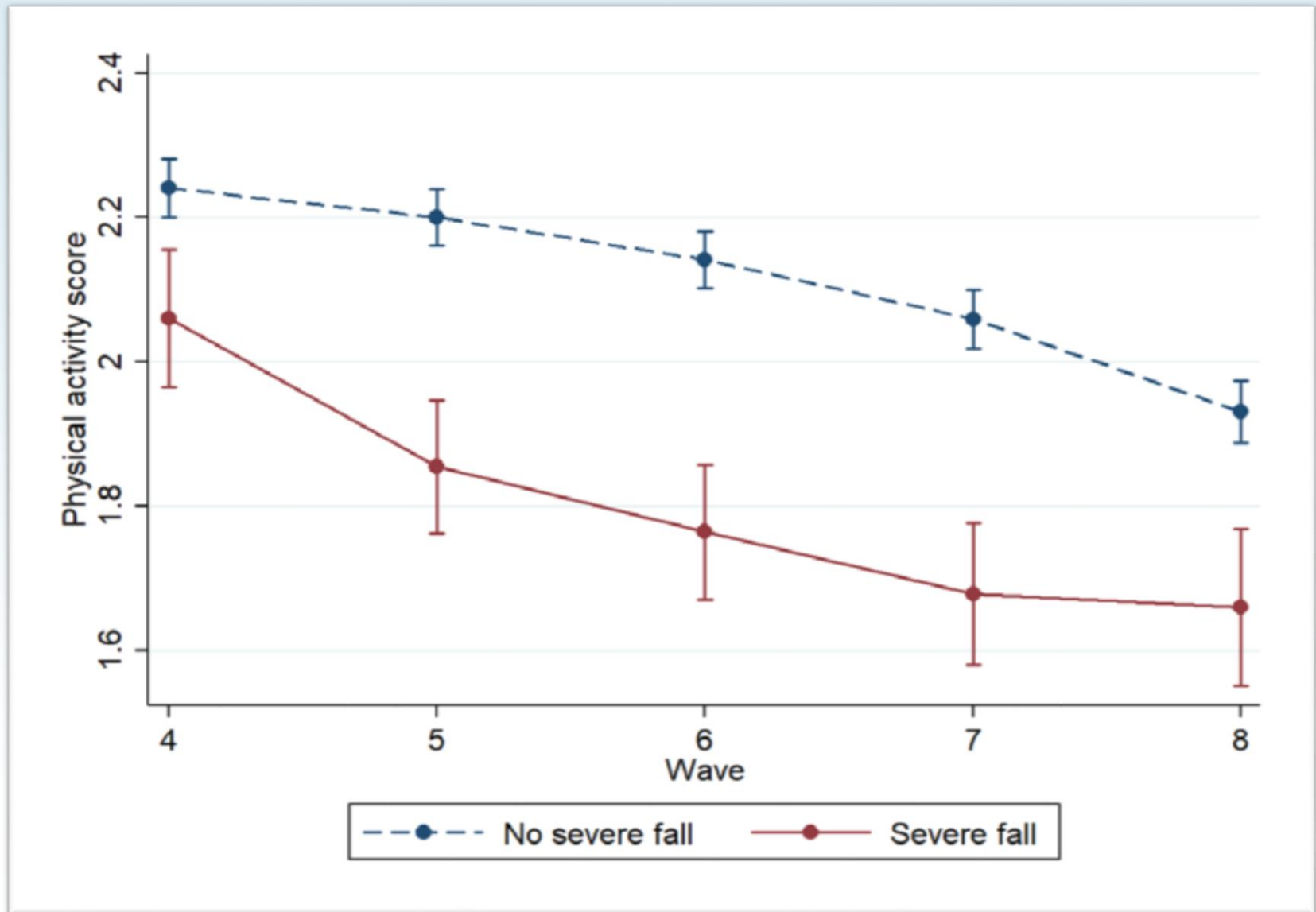
Walking speed



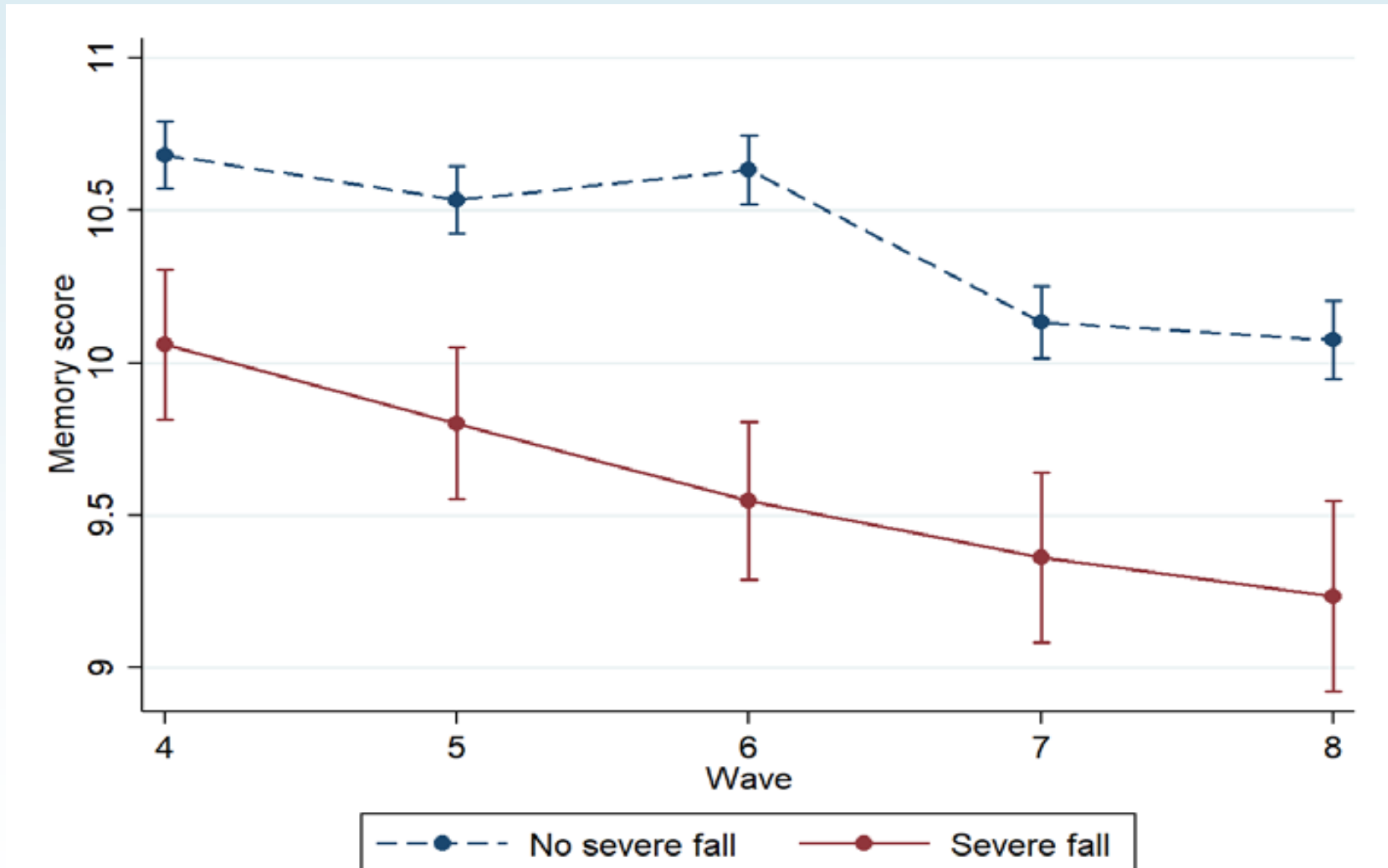
Difficulties with ADLs



Physical activity



Cognitive functioning



Wellbeing, Social capital & labour market exit

- Poor well-being and higher loneliness scores in people who experienced a severe fall
- Similar trajectories over time in the group of people that had a severe fall and those who did not
- We did not find strong evidence for labour market exit in people experiencing a severe fall

Summary

- 8% of men and 10% of women in Wave 8 reported experiencing a severe fall
- Of these only 19% of men and 22% of women reported receiving medical follow-up to ascertain the cause of their fall
- Women have a higher risk of falls than men

Summary

- Consequences of a severe fall included reduced levels of cognitive function, physical function, walking speed and physical activity
- Risk factors for severe falls included not living with a partner, loneliness, depressive symptoms, ADLs, urinary incontinence, slow walking speed, low levels of physical activity and multiple morbidity.

Conclusions

- NICE guidelines of multifactorial falls risk assessment are not being implemented widely
- Falls prevention programmes should be designed to take into account gender, chronic conditions, incontinence, depression and loneliness
- Improving cognitive function, walking speed, physical activity levels and physical functioning of people who experienced a severe fall should be a priority



Photo by Changwoo Ryu