Active life-style all your life

an occupation-based fall prevention program for elderly at risk

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Background: A large public health problem

- Fall injuries among the elderly (+65) are among the fastest growing community health problems in Western Europe and North America.
- In Sweden, falls resulting in hospitalisation have doubled in the last 20 years.
- Nine out of ten fall injuries affect people over the age of 65.
- Among women over 80 in Sweden, the risk of suffering a fall injury is 50 per cent.
Falls can be prevented
ACTIVE LIFESTYLE
ALL YOUR LIFE

A GROUP BASED INTERVENTION TO PREVENT FALL AND FALL INJURIES

Implemented in 9 primary-care centers who had 10 intervention groups with 74 participants
Organisation of intervention

• Built on the latest evidence in fall prevention
• Multi-professional: OT, Physio, Nurse, Dietician and professional from the municipality
• Study-groups, 10-12 meetings during 6-8months
  – Thematic
    • Engaging occupation
    • Everyday occupations, balance, rest
    • Drug-consumption
    • Assistive devices
    • Environment, accessibility and risks
    • Community, what resources do they have
  – "Fika” and social fellowship
  – Physical training in group (e.g. Tai-chi)
  – Individual part with home-visits and counselling
Study-groups with "fika"
## Types of Evaluation

- Participation
- Self-rated Health
- Falls and Fear of Falling
- Balance (TUG)

## RCT-design

**Figure 1. Sketch of the pilot study design in the implementation phase.**

<table>
<thead>
<tr>
<th>Total length of the study in months</th>
<th>0</th>
<th>1</th>
<th>6</th>
<th>12</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Randomisation**

- Experiment and control group
- Interventions
- Normal treatment control

**N=131**

- Measurement
- Telephone interview
- Personal meeting
- Examination of records

**Experiences**

- Participants
- Group-leaders
Research Paper

The efficacy of a multifactorial falls-prevention programme, implemented in primary health care

Erika Johansson¹, Hans Jonsson²,³, Raymond Dahlberg¹ and Ann-Helen Patomella⁴
Falls and fear of falling

Table 2. The risk of falls at follow-up: Between the intervention and the control group, over time and within each group.

<table>
<thead>
<tr>
<th>Odds ratio estimates and profile-likelihood confidence intervals (CI) for the risk of accidental falls</th>
<th>OR</th>
<th>OR Lower CI</th>
<th>OR Upper CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls at 12 months: intervention versus controls</td>
<td>0.248</td>
<td>0.092</td>
<td>0.665</td>
<td>0.005*</td>
</tr>
<tr>
<td>Falls at 12 months in comparison with baseline measures: intervention versus controls</td>
<td>0.332</td>
<td>0.105</td>
<td>1.046</td>
<td>0.059</td>
</tr>
<tr>
<td>Change of risk of falls within the intervention group and baseline measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in risk of falls within the control group and baseline measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant p < 0.05

Table 3. The fear of falling measured at follow-up:

<table>
<thead>
<tr>
<th>Odds ratio estimates and profile-likelihood confidence intervals (CI) for the risk of accidental falls</th>
<th>OR</th>
<th>OR Lower CI</th>
<th>OR Upper CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of falling at 12 months: intervention versus controls</td>
<td>0.123</td>
<td>0.128</td>
<td>0.667</td>
<td>0.003*</td>
</tr>
<tr>
<td>Risk of fear of falling at 12 months in comparison with baseline measures: intervention versus controls</td>
<td>0.117</td>
<td>0.040</td>
<td>0.342</td>
<td>0.001*</td>
</tr>
<tr>
<td>Change of fear of falling within the intervention group at 12 months in comparison with baseline measures</td>
<td>0.154</td>
<td>0.070</td>
<td>0.337</td>
<td>0.001*</td>
</tr>
<tr>
<td>Change in fear of falling within the control group at 12 months in comparison with baseline measures</td>
<td>1.314</td>
<td>0.633</td>
<td>2.277</td>
<td>0.464</td>
</tr>
</tbody>
</table>

*Significant p < 0.05

Conclusion

The results showed the efficacy of the programme by the decreased falls and fear of falling in comparison with usual care. This pilot study indicated that falls and fear of falling could be positively impacted by using multifactorial and multi-disciplinary methods in primary health care.
Thinking and Acting in a New Way: Influences of a Falls-Prevention Program on Participants’ Everyday Life

Erika Johansson & Hans Jonsson

Karolinska Institutet, NVS, Division of Occupational Therapy, Huddinge, Sweden
All the participants’ narratives were within the framework of ageing as physical decline and a process towards a more narrow life. Experiences of falls and/or fall incidences were warning signals about how these processes could take a rapid and qualitative jump. In this framework of ageing the intervention came into the narratives of each participant.
Elly Woman 83 Years of Age

”Yes, I believe that it (the programme) increased my awareness and I’m more active in my everyday life now. It’s like I’ve realised how important it is for me myself to take action in trying to prevent myself from ending up anxious and afraid to move around. This I’ve seen among my friends, how a broken hip could lead to the end station in a small white room at the nursing home.”

Gösta Man 84 Years of Age

... yesterday you know I started to cut the hedge, on this side, but my neighbour has to cut the other side. This is that kind of job, in a new way, as I before always always cut the whole hedge on the same day.

Nowadays I cut one piece of it one day and another piece another day. This give my body a balanced challenge and I realise how it makes me feel better and more safe. I don’t think of it that much, that I’ve made a change it’s almost as if I’ve always done it in this way.
The increased awareness influenced the doing

The increased awareness influenced the recognition of the environment

The increased awareness created new habits

The group as prerequisite and as amplifier for the increased awareness

Insights that led to increased awareness
OVERALL CONCLUSION
The fall preventing programme “Active Lifestyle all your life” is feasible for implementation in primary care. The knowledge derived from this evaluation could be of use as a prevention program model for implementing Evidence Based Practice in primary health care and could serve as one attempt to plan ahead, and support active ageing by using an occupational perspective.

Thank you for your attention!
References:


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