



FALLS LINKS

Volume 5 Issue 6
2010

Welcome

This is our final issue for 2010 and includes:

- A report on the ANZFP Conference held in Dunedin New Zealand on November 21-23rd on pages 2-3.
- Article on the reduction of hypnotosedative use and its effects on falls on page 4.
- Abstracts on falls prevention from the recent research literature on pages 6-10.

We would like to take this opportunity to wish you all a peaceful, restful, and safe Christmas and holiday break.



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<http://fallsnetwork.neura.edu.au/>



View of the Otago Peninsula from Larnach Castle

Report on the 4th Australian & New-Zealand Falls Prevention Conference, 21-23 November 2010, Dunedin, New Zealand

Dr Jasmine Menant, Research Officer, Falls & Balance Research Group, Neuroscience Research Australia

The year 2010 finished on a high with a showcase of world-standard falls research presented at our bi-annual Australian & New-Zealand Falls Prevention Society Conference. It was held for the first time in New-Zealand at the University of Otago, in Dunedin. The meeting, organized by A/Prof Clare Robertson and her team, was well attended with approximately 300 delegates from diverse professional backgrounds, researchers as well as clinicians. Although a majority were from Australia and New-Zealand, we were also spoiled to have among us international leaders in falls prevention research including Canadian Prof Karim Khan and exercise expert Prof David Buchner from the USA.

The conference started on the Sunday afternoon with a range of well-attended workshops, followed by a friendly welcoming reception. After a controversial official opening address from New-Zealand MP Michael Woodhouse on the Monday morning, we heard an entertaining and informative talk from Prof Stephen Lord on the history of falls prevention, followed by lectures on falls prevention strategies from local experts, Prof John Campbell, A/Prof Clare Robertson and Prof Ngaire Kerse. The two conference days continued with a succession of diverse high-quality oral presentations alternating with focused plenary sessions led by renowned falls researchers. The poster sessions held during the lunch breaks further illustrated the variety and richness of research themes, ranging from cardiovascular falls risk factors to falls prevention programs in rural areas.

The shift from research in the healthy older community-dwelling population to frailer subgroups was certainly noticeable, with a plenary session dedicated to high-risk groups and a number of talks and posters dealing with falls risk factors and /or intervention in patients suffering from a variety of conditions such as Huntington's disease, Parkinson's disease and stroke. The growing focus on the interaction between cognitive function and falls was also evident as A/Prof Jacqueline Close and her team presented data from their prospective falls study in cognitively impaired older people and PhD student Jacqueline Zeng spoke to us about associations between falls risk and brain white matter hyperintensities. New themes emerged such as that of economic evaluations of falls trials. We were also reminded of the bigger picture with oral sessions devoted to falls prevention programs delivery and translation of research into practice.

Highlights of the conference included the innovative work of A/Prof Teresa Liu-Ambrose using fMRIs to study the effects of resistance training on cortical plasticity in older adults and the exciting results of the first randomized controlled trial of a podiatry intervention on falls led by Prof Hylton Menz and PhD student Marcus Spink. Well-deserved prizes for best oral and poster student presentations were awarded to Alex Black for his talk on visual field loss in older people with glaucoma, Anne-Marie Hill for her talk on exercise compliance after hospital discharge and to Susie Thomas for her poster looking at walking aid prescription and use following hip fracture.

The conference was also the occasion for the ANZFP society to hold its bi-annual meeting where members of the executive council were elected. On the social side of things, the conference dinner held on the Monday evening, at Larnach Castle, the only castle in New-Zealand, was a hit; delegates were able to enjoy drinks in the beautifully manicured castle gardens with spectacular views of the Otago peninsula and were then treated to dinner and a dance in the ballroom.

In conclusion, this conference was a success at every level, as much organization-wise as quality-wise. No doubt everyone enjoyed the opportunities to gain new knowledge, network and brainstorm ideas for future work. Once again thank you to the hosts and organizers for holding such an enjoyable and enlightening event. We look forward to the next conference which will be held in Adelaide in 2012 and organized by Dr Shylie Mackintosh and her team!

Plenary Session presentations and abstracts from the Concurrent Sessions and Posters are available at:

<http://www.otago.ac.nz/fallsconference/conference.html>



A/Prof Jacqueline Close & Prof Stephen Lord at Larnach Castle



View from Larnach Castle



Patsy Bourke & Sue Green (HNEHealth) with her poster on Exercise Programs



Sally Castell (NSCCAHS) with her poster on the Basic Steps training



Kathy Richardson (SESIHNS) with her poster on the patient and carers resource



Lorraine Lovitt presenting on the Web Based Active and Healthy Directory



Patsy Bourke (HNE Health) presenting on Enhancing Older People's Independent living in HNE Health



Jenny Bawden(SWAHS) presenting on the "Challenge" Social Marketing



Esther Vance and Lorraine Lovitt with the Staying Active and on your feet resource poster



Patsy Bourke, Lorraine Lovitt, Jenny Bawden, Esther Vance and Kathy Richardson

Hypnotic Use and Predictors of Successful Withdrawal in New Patients Attending a Falls Clinic: A Retrospective, Cohort Study

Jenna Joester, Constance M. Vogler, Kevin Chang and Sarah N. Hilmer.

Drugs Aging 2010; 27 (11): 915-924

Summary of Article by Dr Constance Vogler, Clinical Senior Lecturer, University of Sydney, Staff Specialist Geriatrician, Dept Aged Care and Rehabilitation, Royal North Shore Hospital.

In the Falls and Fracture Prevention Clinic at Royal North Shore Hospital, a retrospective audit was performed on new patients attending between Jan 2006 and Dec 2008, to investigate the frequency of use of benzodiazepines for sleep initiation, the success of advice given by physicians to wean and cease the drugs to reduce falls risk, and the characteristics of those successful in weaning and/or ceasing these drugs.

Over 20% of new fallers attending the clinic were identified as taking a benzodiazepine or Z-drug (zaleplon, zolpidem or zopiclone). Over the 3-year period, the use of benzodiazepines reduced, but the use of Z-drugs increased, leaving the overall use of these combined drugs unchanged.

Half of the patients on these drugs were recommended to wean and /or cease the meds, and 68% of these were successful.

There was a trend towards successfully weaned patients having less co-morbidities, being on less medications and using the benzos/Z-drugs less frequently at the outset.

Strategies used by the physicians to wean and cease these drugs included:

- History from patient of length of use and reasons for use of drug.
- Determination of appropriateness for drug withdrawal.
- Counselling patient on risk of using these drugs, including risks of falling, memory and thinking impairments.
- Written communication with GP who followed up patient in the long-term.

The weaning regime was provided in a letter to the patient's GP. If drugs were only used in the short-term or less than 3 times per week, patients were advised to stop the drugs. If there was long-term nightly use, drugs were weaned over several months. If multiple benzodiazepine drugs used, then these drugs were rationalised to a single benzodiazepine (diazepam) and then weaned or drugs were sequentially weaned.

Written information provided on alternative sleep hygiene techniques¹, such as:

- Only going to bed when tired
- Keeping regular sleep routine
- Avoiding daytime naps
- Getting out of bed if unable to sleep, and doing something quiet and non-stimulating, until sleepy again
- Avoiding clock-watching.
- Avoiding alcohol, nicotine and caffeine close to bedtimes.

Each patient was followed-up in the Falls and Fracture clinic after 3 months to reinforce message and assess progress.

Other Reference: 1. Kennedy GA, Bruck D. Australasian Sleep Association, NSW Central West Division of General Practice: GP mental health supplement: sleep disorders [online]. Available from URL: <http://www.sleepaus.on.net/kennedybrucksleepdisordersforgps.pdf>

RECENT ABSTRACTS FROM THE RESEARCH LITERATURE

REVIEWS

Does the Otago exercise programme reduce mortality and falls in older adults, a systematic review and meta-analysis

Susie Thomas, Shylie Mackintosh and Julie Halbert

Age Ageing (2010) 39 (6): 681 to 687.

ABSTRACT

Background: the Otago exercise programme(OEP) is a strength and balance retraining programme designed to prevent falls in older people living in the community. The aim of this review was to evaluate the effect of the OEP on the risk of death and fall rates and to explore levels of compliance with the OEP in older adults.

Methods: a systematic review with meta-analysis. Clinical trials where the OEP was the primary intervention and participants were community-dwelling older adults (65plus) were included. Outcomes of interest included risk of death, number of falls, number of injurious falls and compliance to the exercise programme.

Results: Seven trials, involving 1503 participants were included. The mean age of participants was 81.6 (3.9) years. The OEP significantly reduced the risk of death over 12 months (risk ratio 0.45, 95% confidence interval (CI) 0.25 0.80), and significantly reduced fall rates (incidence rate ratio = 0.68, 95% CI 0.56 0.79). There was no significant difference in the risk of a serious or moderate injury occurring as the result of a fall (risk ratio 1.05, 95% CI 0.91 1.22). Of the 747 participants who remained in the studies at 12 months, 274 (36.7%) were still exercising three or more times per week.

Conclusion: the OEP significantly reduces the risk of death and falling in older community-dwelling adults.

The physical environment as a fall risk factor in older adults: Systematic review and meta-analysis of cross-sectional and cohort studies.

Letts L, Moreland J, Richardson J, Coman L, Edwards M, Ginis KM, Wilkins S, Wishart L.

Aust Occup Ther J 2010; 57(1): 51-64. Affiliation: School of Rehabilitation Science, McMaster University, Hamilton, Ontario, Canada. DOI: 10.1111/j.1440-1630.2009.00787.x What is this? PMID: 20854565 (Copyright © 2010, John Wiley and Sons)

ABSTRACT

Background/aim: Evidence that the physical environment is a fall risk factor in older adults is inconsistent. The study evaluated and summarised evidence of the physical environment as a fall risk factor.

Methods: Eight databases (1985-2006) were searched. Investigators evaluated quality of two categories (cross-sectional and cohort) of studies, extracted and analysed data.

Results: Cross-sectional: falls occur in a variety of environments; gait aids were present in approximately 30% of falls. Cohort: Home hazards increased fall risk (odds ratio (OR) = 1.15; 95% confidence interval (CI): 0.97-1.36) although not significantly. When only the high quality studies were included, the OR = 1.38 (95% CI: 1.03-1.87), which was statistically significant. Use of mobility aids significantly increased fall risk in community (OR = 2.07; 95% CI: 1.59-2.71) and institutional (OR = 1.77; 95% CI: 1.66-1.89) settings.

Conclusions: Home hazards appear to be a significant risk factor in older community-dwelling adults, although they may present the greatest risk for persons who fall repeatedly. Future research should examine relationships between mobility impairments, use of mobility aids and falls.

Episodes of falling among elderly people: a systematic review and meta-analysis of social and demographic pre-disposing characteristics.

Bloch F, Thibaud M, Dugué B, Brèque C, Rigaud A, Kemoun G.

Clinics (Sao Paulo) 2010; 65(9): 895-903. Affiliation: Department of Gerontology, Assistance Publique-Hôpitaux de Paris, Hôpital Broca, , frederic.bloch@brc.aphp.fr. DOI: unavailable PMID: 21049218 (Copyright © 2010, Hospital das Clinicas, Faculty of Medicine, University of Sao Paulo)

ABSTRACT

CONTEXT: The multifactorial nature of falls among elderly people is well-known. Identifying the social-demographic characteristics of elderly people who fall would enable us to define the typical profile of the elderly who are at risk of falling.

OBJECTIVE: We aimed to isolate studies in which the social-demographic risk factors for falls among the elderly have been evaluated and to carry out a meta-analysis by combining the results of all of these selected studies. **METHOD:** We did a systematic literature review using the key words “accidental fall / numerical data” and “risk factors.” Inclusion criteria entailed the selection of articles with the following characteristics: population of subjects aged 60 years or over, falls that took place in everyday life, and social-demographic risk factors for falls.

RESULTS: 3,747 indexed articles published between 1981 and 2007 were identified, and 177 studies with available data were included, of which 129 had data on social-demographic risk factors for falls. Difficulties in activities of daily living (ADL) or in instrumental activities of daily living (IADL) double the risk of falling: The OR and 95% CI were 2.26 (2.09, 2.45) for disturbance ADL and 2.10 (1.68, 2.64) for IADL. The OR and 95% CI for Caucasians were 1.68 (0.98 - 2.88) and 0.64 (0.51 - 0.80) for Hispanics. In the subgroup of patients older than eighty, being married protected people from falling with an OR and 95% CI =0.68 (0.53 - 0.87).

CONCLUSION: Defining factors that create a risk of falling and protect elderly people from falls using social-demographic characteristics lets us focus on an “at risk” population for which a specific program could be developed.

An Integrative Review of Factors Associated With Falls During Post-Stroke Rehabilitation

Grace B. Campbell, Judith Tabolt Matthews

Journal of Nursing Scholarship Volume 42, Issue 4, pages 395 to 404, December 2010

ABSTRACT

Purpose: Our aims were to evaluate evidence of risk factors for falls among patients in stroke rehabilitation and to offer recommendations for clinical practice and future research.

Method: We conducted an integrative review of the literature published from 1990 to 2009 that describes empirical investigations of risk factors for post-stroke falls during inpatient rehabilitation. We searched Medline, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycInfo, and Embase databases, using the search terms accidental falls, fall risk, risk factors, risk assessment, stroke, and cerebrovascular disorders. We extracted information regarding study design, sample, potential risk factors, analytic methods, findings, and limitations from the 14 articles that met our inclusion criteria, and we rated the level of evidence for each study.

Findings: Available empirical evidence points to impaired balance, visuospatial hemineglect, and impaired performance of activities of daily living as risk factors for falls during inpatient rehabilitation for stroke. Associations between falls and cognitive function, incontinence, visual field deficits, and stroke type were less clear, while relationships between falls and age, gender, stroke location, and impaired vision and hearing were not supported.

Conclusions: The relatively sparse literature pertaining to risk factors for falls among stroke rehabilitation inpatients indicates that deficits affecting balance, perception, and self-care significantly increase the likelihood of falls. Particularly intriguing is the less well established role of post-stroke cognition in falls in this population. A conceptual model is needed to guide scientific inquiry and clinical practice in this area. **Clinical Relevance:** When clinicians in the inpatient stroke rehabilitation setting evaluate which patients are at greatest risk to fall, stroke-specific risk factors such as impaired balance, visuospatial hemineglect, and self-care deficits may be better predictors than more general risk factors such as age, incontinence, and sensory impairments. Patients with these stroke-specific deficits may benefit from the use of aggressive fall prevention interventions.

EPIDEMIOLOGY AND RISK FACTORS

Patients' perspectives of falling while in an acute care hospital and suggestions for prevention

Carroll, D.L., Dykes, P.C., Hurley, A.C.

Applied Nursing Research volume 23, issue 4, year 2010, pp. 238 - 241

ABSTRACT

Patient falls and falls with injury are the largest category of reportable incidents and a significant problem in hospitals. Patients are an important part of fall prevention; therefore, we asked patients who have fallen about reason for fall and how falls could be prevented. There were two categories for falls: the need to toilet coupled with loss of balance and unexpected weakness. Patients asked to be included in fall risk communication and asked to be part of the team to prevent them from falling. Nurses need to share a consistent and clear message that they are there for patient safety.

Analytic Hierarchy Process (AHP) for Examining Healthcare Professionals' Assessments of Risk Factors. The Relative Importance of Risk Factors for Falls in Community-dwelling Older People.

Pecchia L, Bath PA, Pendleton N, Bracale M.

Methods Inf. Med. 2010; 50(1): ePub. Affiliation: Leandro Pecchia, PhD, DIBET, Department of Biomedical, Electronic and Telecommunication Engineering, University Federico II of Naples, Via Claudio 21, 80125 Naples, Italy, E-mail: leandro@pecchia.net. DOI: 10.3414/ME10-01-0028 PMID: 21132218 (Copyright © 2010, F K Schattauer)

ABSTRACT

Background: A gap exists between evidence-based medicine and clinical-practice. Every day, healthcare professionals (HCPs) combine empirical evidence and subjective experience in order to maximize the effectiveness of interventions. Consequently, it is important to understand how HCPs interpret the research evidence and apply it in everyday practice. We focused on the prevention of falls, a common cause of injury-related morbidity and mortality in later life, for which there is a wide range of known risk factors. **Objectives:** To use the Analytic Hierarchy Process (AHP) to investigate the opinions of HCPs in prioritizing risk factors for preventing falls.

Methods: We used the AHP to develop a hierarchy of risk factors for falls based on the knowledge and experience of experts. We submitted electronic questionnaires via the web, in order to reach a wider number of respondents. With a web service, we pooled the results and weighted the coherence and the experience of respondents.

Results: Overall, 232 respondents participated in the study: 32 in the technical pilot study, nine in the scientific pilot study and 191 respondents in the main study. We identified a hierarchy of 35 risk factors, organized in two categories and six sub-categories.

Conclusions: The hierarchy of risk factors provides further insights into clinicians' perceptions of risk factors for falls. This hierarchy helps understand the relative importance that clinicians place on risk factors for falls in older people and why evidence-based guidelines are not always followed. This information may be helpful in improving intervention programs and in understanding how clinicians prioritize multiple risk factors in individual patients. The AHP method allows the opinions of HCPs to be investigated, giving appropriate weight to their coherence, background and experience.

INTERVENTION STUDIES

Falls Prevention in Australia: Policies and Activities

Clemson L, Finch CF, Hill KD, Lewin G

Clinics in Geriatric Medicine Volume 26, Issue 4, November 2010, pp 733-749

ABSTRACT

Fall prevention recommendations and plans have been prolific in Australia since 1986, but Commonwealth recommendations have rarely been acted on from a national perspective and the funds for prevention at a national level have been limited. At a state level, although increasing annually, funds for fall prevention have also remained as only a low proportion of total health spending. Several Australian states have developed their own strategic plans and their activities have developed separately and uniquely, although referring to national guidelines. This article presents a perspective of Australian fall prevention policy over time, provides insights into the current focus, and draws on some specific examples of activities from the 2 most populous Australian states (New South Wales and Victoria) and from our largest geographic state, Western Australia.

Comprehensive Approach to Fall Prevention on a National Level: New Zealand

Campbell AJ, Robertson MC.

Clinics in Geriatric Medicine 2010; 26, 4, 719-731. DOI: 10.1016/j.cger.2010.06.004

ABSTRACT

Individual assessment and treatment are important for older people at high risk of falls and injury. But falls are common. The problem cannot be addressed solely on an individual patient, individual clinician basis. Fall prevention programs that have broad coverage, good uptake and adherence, and can be seen to maintain independent living benefit individuals and help control health service costs. Two such programs have been successfully introduced in New Zealand: the home-based Otago Exercise Programme and tai chi classes. The difficulty now is in maintaining the nationwide commitment to these preventive measures.

The Role of Exercise in Fall Prevention for Older Adults

Rose DJ, Hernandez D.

Clinics in Geriatric Medicine Volume 26, Issue 4, November 2010, Pages 607-631 doi:10.1016/j.cger.2010.07.003

ABSTRACT

This article reviews the evidence for the effectiveness of stand-alone exercise interventions and multifactorial intervention strategies that include exercise in lowering fall incidence rates and/or fall risk among older adults residing in the community, acute, subacute, and long-term care settings. Stand-alone exercise programs that emphasize multiple exercise categories are effective in reducing fall rates and fall risk in community-residing older adults, and may also be effective when conducted for a sufficient duration with older adult patients in subacute settings. In contrast, multifactorial fall risk reduction programs that include exercise as a component and are delivered by a multidisciplinary team are more effective in lowering fall rates in long-term care settings.

A Public Health Approach to Fall Prevention Among Older Persons in Canada.

Scott V, Wagar B, Sum A, Metcalfe S, Wagar L.

Clin. Geriatr. Med. 2010; 26(4): 705-718. Affiliation: British Columbia Injury Research and Prevention Unit, L408 4480 Oak Street, Vancouver, BC V6H 3V4, Canada; Chronic Disease/Injury Prevention and Built Environment Branch, Population and Public Health Division, British Columbia Ministry of Healthy Living and Sport, 4-2, 1515 Blanshard Street, Victoria, BC V8W 3C8, Canada; Centre of Excellence on Mobility, Fall Prevention and Injury in Aging at the Centre for Hip Health and Mobility, 3/F, 2647 Willow Street, Willow Chest Centre, Vancouver, BC V5Z 1M9, Canada; School of Population & Public Health, Faculty of Medicine, University of British Columbia, 2206 East Mall, Vancouver, BC V6T 1Z3, Canada. DOI: 10.1016/j.cger.2010.06.003 PMID: 20934617 (Copyright © 2010, Elsevier Publishing)

ABSTRACT

In 2008 to 2009, there were 53,545 fall-related hospitalizations among Canadian seniors, accounting for 85% of all injury-related hospitalizations and 7% of all hospitalizations for those aged 65 years and older. The estimated cost of fall-related injuries to the Canadian health care system in 2004 was more than \$2 billion among a population of 4.1 million seniors. This article describes highlights of how policy makers, researchers, and practitioners are applying a public health approach to the issue of seniors' falls in Canada, including the successes, challenges, and recommendations for the future.

The whole November 2010 Issue of *Clinics in Geriatric Medicine* is dedicated to articles on Falls and their Prevention see

http://www.geriatric.theclinics.com/issues/contents?issue_key=S0749-0690%2810%29X0005-2

for further information.

The Effects of a Walking Exercise Program on Fall-Related Fitness, Bone Metabolism, and Fall-Related Psychological Factors in Elderly Women

Yoo EJ, Jun TW, Hawkins SA.

RESEARCH IN SPORTS MEDICINE 2010, 18; 4; 236-250.

ABSTRACT

The purpose of this study was to determine the effects of a 3-month walking exercise program with ankle weights on fall-related fitness, bone metabolism, and fall-related psychological factors. Fall-related fitness was determined from strength, balance, agility, aerobic endurance, muscle mass, and fat mass measures. Bone metabolism was measured using bone density, hormones, and biochemical markers. Fall-related psychological factors included fear of falling and falls efficacy. A 2 x 2 factorial with repeated measures design was used. All subjects were community-dwelling elderly women who volunteered to participate, and randomly were assigned to either an exercise group (n = 11) or a control group (n = 10). Results revealed significant changes in upper body strength, leg strength, aerobic endurance, and body composition. Additionally, hormones and biochemical markers changed significantly over time. Trunk fat and fear of falling changed differently among the two groups. In conclusion, this study suggests that a 3-month walking exercise program with ankle weights may have positive effects on fall-related fitness, bone metabolism, and fall-related psychological factors.

Assessing and training standing balance in older adults: A novel approach using the 'Nintendo Wii' Balance Board.

Young W, Ferguson S, Brault S, Craig C.

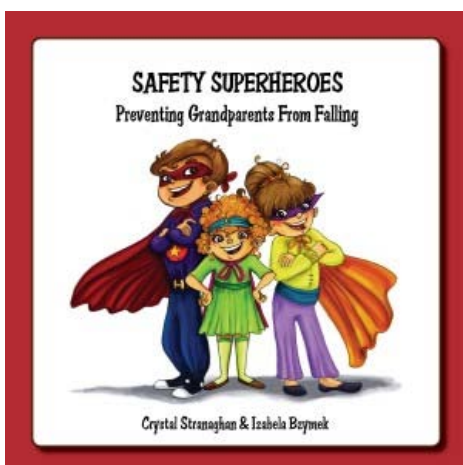
Gait Posture 2010; ePub(ePub): ePub. Affiliation: The School of Psychology, The Queen's University Belfast, 18-30 Malone Road, Belfast BT9 5BN, UK. DOI: 10.1016/j.gaitpost.2010.10.089 PMID: 21087865 (Copyright © 2010, Elsevier Publishing)

ABSTRACT

Older adults, deemed to be at a high risk of falling, are often unable to participate in dynamic exercises due to physical constraints and/or a fear of falling. Using the Nintendo 'Wii Balance Board' (WBB) (Nintendo, Kyoto, Japan), we have developed an interface that allows a user to accurately calculate a participant's centre of pressure (COP) and incorporate it into a virtual environment to create bespoke diagnostic or training programmes that exploit real-time visual feedback of current COP position. This platform allows researchers to design, control and validate tasks that both train and test balance function. This technology provides a safe, adaptable and low-cost balance training/testing solution for older adults, particularly those at high-risk of falling.

RESOURCES

An intergenerational approach to falls prevention



SAFETY SUPERHEROES: Preventing Grandparents from Falling

This booklet was created by Dr Fabio Feldman, Manager Seniors Falls and Injury Prevention, Fraser Health Authority, Canada with Crystal Stranaghan (author) and Izabela Bzymek (illustrator) and is aimed at grandchildren to share with their grandparents.

Each year, thousands of seniors are taken to hospitals because of injuries sustained during a simple fall. Falls are often due to home hazards that are easy to overlook, but also easy to fix.

The Safety Superheroes are here to help kids and families learn how to keep their grandparents and loved ones safe from falls.

With a fun story, lively illustrations and loads of safety tips, this book is a great resource for encouraging and teaching about intergenerational falls prevention.

When you think you've got the hang of it, you can take the Safety Superhero challenge and join the team!

What people are saying about this book:

"Preventing falls CAN be fun and games. This book should be a part of every family's library."

Information on the booklet including content and order information can be found at:

<http://safetysuperheroes.com>

WEBSITES

New on the AIHW Website

Residential Aged Care in Australia 2008-09, Aged Care Statistics Series



This report provides comprehensive statistical information on residential aged care facilities and services, their residents, admissions and separations, and residents' dependency levels. At 30 June 2009, there were over 178,000 residential aged care places, an increase of 1.6% compared with 30 June 2008. Almost 82,000 permanent residents (59%) had a recorded diagnosis of dementia at 30 June 2009. Other recorded health conditions affecting residents included circulatory diseases (42,000 residents) and diseases of the musculoskeletal and connective tissue (26,800 residents).

This report is available at:

<http://www.aihw.gov.au/publications/index.cfm/title/11628>



<http://fallsnetwork.neura.edu.au/>

NSW FALLS PREVENTION NETWORK BACKGROUND

The NSW Falls Prevention Network has existed since 1993. The role of this network has grown since its inception and now includes:

- Meetings for discussion of falls related issues;
- Dissemination of research findings both local and international;
- Sharing resources developed and exploration of opportunities to combine resources in joint initiatives;
- Encouragement of collaborative projects and research;
- To act as a group to influence policy;
- To liaise with NSW Health to provide information on current State/Commonwealth issues in relation to falls and
- Maintenance of resources pertinent to the field.

The main purpose of the network is to share knowledge, expertise and resources on falls prevention for older people.

The NSW Falls Prevention Network activities are part of the implementation of the NSW Falls Prevention Policy funded by the NSW Department of Health.

Network Information

Joining the Network

To join the NSW Falls Prevention Network listserv, send an email to: majordomo@lists.ealth.nsw.gov.au
In the body of the message type **subscribe nsw-falls-network** on the next line type **end**

Do not put anything in the subject line. You will receive an e-mail to confirm you have been added to the listserv.

To unsubscribe send an e-mail to the above address and in the body of the message type **unsubscribe nsw-falls-network** on the next line type **end**

If you have any problems, contact Esther at e.vance@neura.edu.au.

Share your news and information/ideas

Do you have any news on Falls Prevention you want to share with others on the network, or do you want to report on a project that is happening in your area.

Please email Esther with your information. We also welcome suggestions for articles and information you would like to see in this newsletter.

Send your information to e.vance@neura.edu.au

The Network Listserv

It is great to see the increased activity on the listserv and we want to continue to promote this. To send an item to the listserv where all members of the network can see it, send an email to: nsw-falls-network@lists.health.nsw.gov.au

You need to be a subscriber to the listserv to send an email that will be distributed to all members of the on the listserv. Remember to put a short description in the subject line.

Recently some posts to the listserv have bounced due to email address changes in the area health services, you need to re-subscribe with your new e-mail address and unsubscribe from your old address following the Join the Network instructions as shown on this page.