

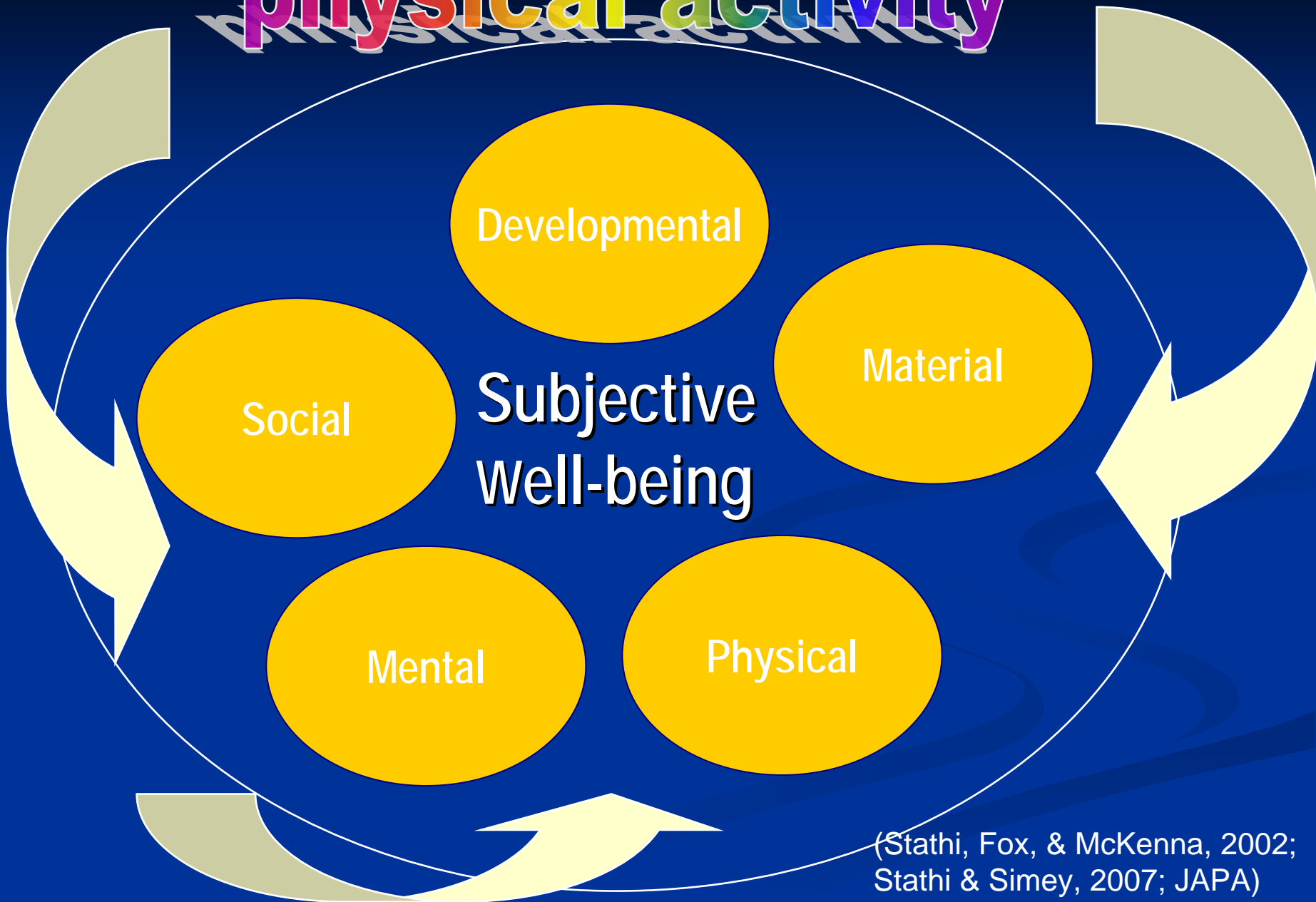
# The impact of a Community-Based Falls Prevention Programme on the Quality of Life of Frail Older Adults

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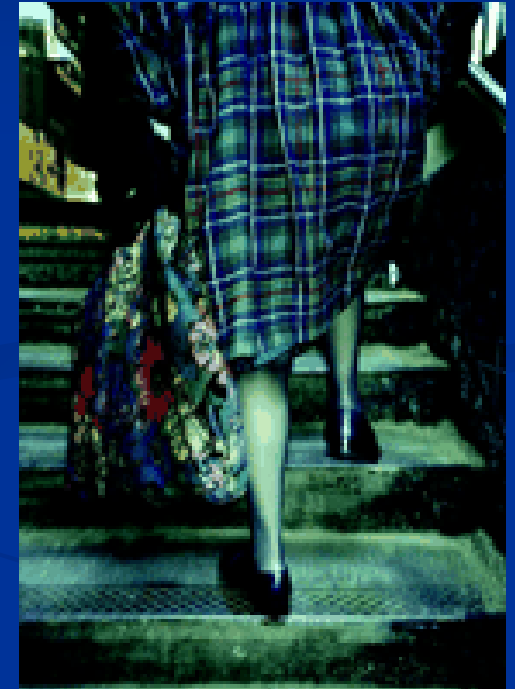
# physical activity



(Stathi, Fox, & McKenna, 2002;  
Stathi & Simey, 2007; JAPA)

# Aims of the evaluation of the Programme of Referral to Exercise, Safety and Support [PROGRESS]

- To evaluate the holistic benefits of a county-wide 6-month exercise intervention programme targeting older people at risk from falling or/and those with a falls history



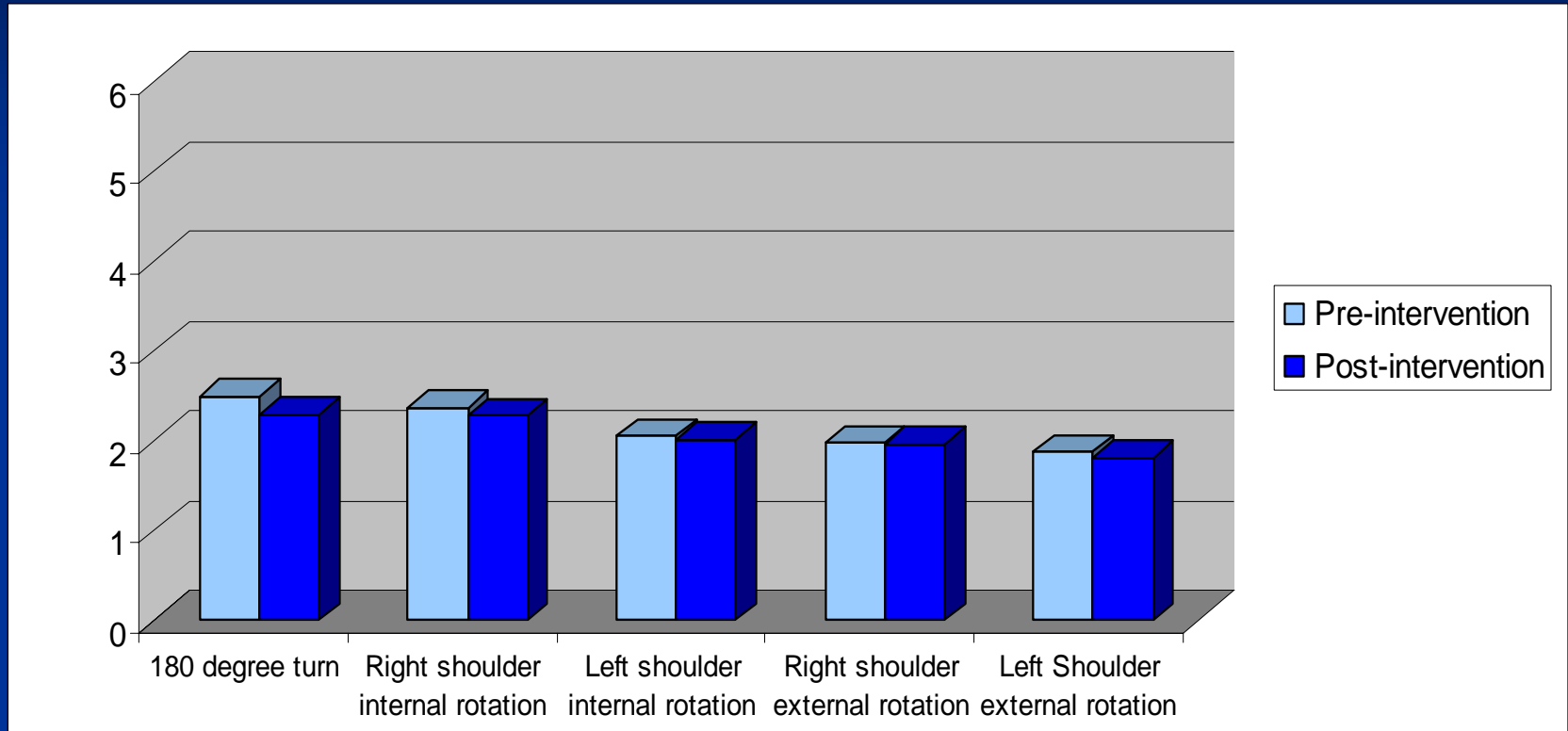
# Mixed-methods approach

Objectives	Who?	How?
<b>1. To investigate the functional ability of participants</b>	64 participants 14 male-50 female	180 degree turn (Tinetti et al, 1988) Timed-Up and Go (Podsiado & Richardson, 1991) Functional Reach (Duncan et al, 1990)
<b>2. To explore changes on balance confidence and well-being</b>	Mean age=80±6.7 years	Balance-Confidence Scale (Simpson et al, 1998) Ageing-Well Profile (Stathi & Fox, 2004)
<b>3. To explore participants' experiences, attitudes and outcomes</b>	Selection of 16 participants following programme completion	2 focus groups with 8 participants each

# Demographic characteristics of participants

Characteristics	Percentage %
<b>Marital Status</b>	
Married	42.2
Widowed	46.8
Single/Divorced	11.0
<b>Highest education attended</b>	
Secondary	56.2
Further education	33.3
University	10.5
<b>Health Conditions during the 6 months prior to PROGRESS</b>	
0 conditions	<b>57.8</b>
1 condition	25.0
2-3 conditions	18.2
<b>Number of falls during the 6 months prior to PROGRESS</b>	
0 falls	<b>45.2</b>
1 fall	21.0
2 falls	16.0
3 falls	8.1
5+ falls	9.7

# Objective 1: To investigate the functional ability of participants (1)

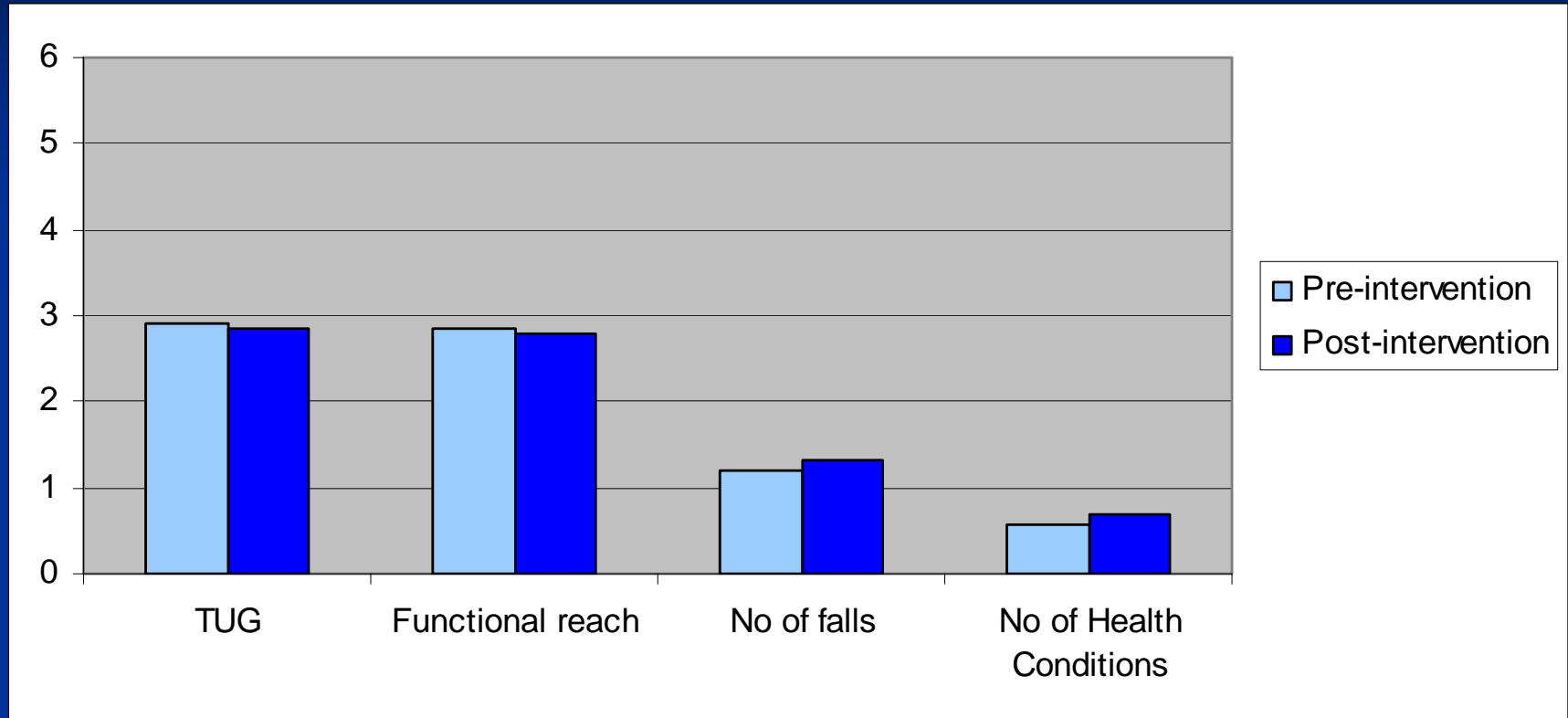


•1=no limitation on the task, 6=severe limitation to complete the task

## Key findings

Improvements in the post intervention measures  
High functional level at starting point

# Objective 1: To investigate the functional ability of participants (2)



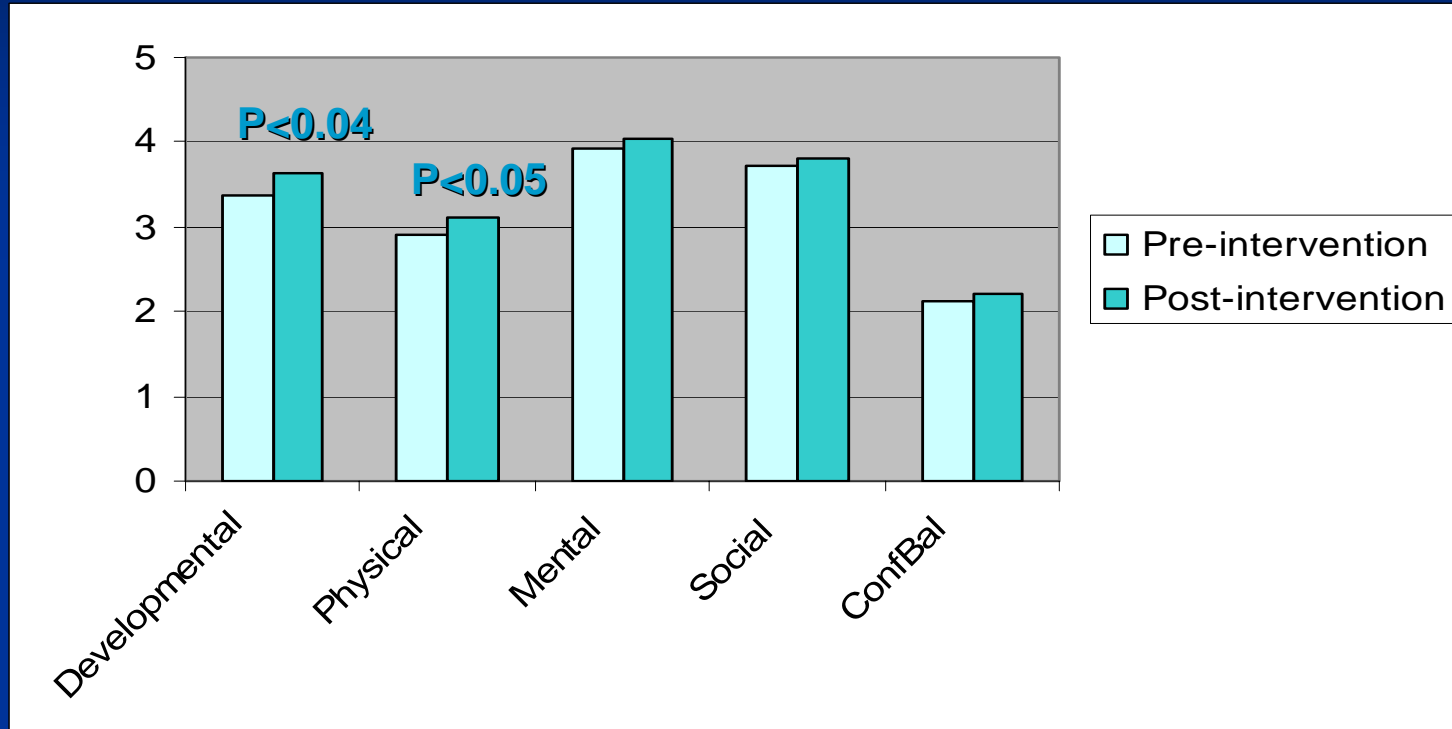
•1=no limitation on the task, 6=severe limitation to complete the task

## Key findings

Improvements in the post intervention measures

High functional level at starting point

# Objective 2: To explore changes on balance confidence and well-being



## Key findings

Statistically significant improvements in the post intervention measures

High mental and social well-being levels at starting point

# To explore participants' experiences, attitudes and outcomes from participation (1)

## ■ Perceived benefits (1)

1. Independence
2. Strength
3. Balance
4. Daily activities
5. Prevention of falls

*'...Once or twice when I would have gone down I was able to pull myself back, to rectify myself and pull myself to the upright, you know...'*

# To explore participants' experiences, attitudes and outcomes from participation (2)

- Perceived benefits (2)
  6. Confidence
  7. Sense of self
  8. Positive outlook in life
  9. Social Network

*'... You have a better feeling about life if you feel that you are improving with walking...'*

# To explore participants' experiences, attitudes and outcomes from participation (3)

■ Reasons for continued attendance

*“Well the instructors are so nice and helpful and human and have got a sense of humour”*

1. The instructors

*‘We look forward to Monday because when you are doing it together you are more motivated.’*

2. Motivation

3. Social opportunity

4. Enjoyment

# Conclusions

1. Exercise programmes targeted at older people at risk from falls can increase
  - Functional ability (but in this study not greatly)
  - Confidence in balance
  - Well-being
  - Enjoyment
  - Social inclusion
  - Positive outlook in life
2. High pre-intervention scores reduced chances for statistically significant improvement

# Recommendations

Need for:

- Careful examination of referral process

‘...I don’t actually know what happens. That would be quite nice and then I would know if the patients that I am referring are really suitable for it...’

‘...I think that the referrals that we have had from the GP’s have quite honestly been in a lot of cases, way out. I don’t think that you can blame the GP’s for that because certainly you know you can’t expect them to know what sort of level a patient needs to be at to refer into a class...’

- Maintenance of the evaluation and assessment process as both motivational and informational tool

# Evaluation of the Camden Exercise Referral Scheme

(Stathi, Milton & Riddoch, 2006)

**To evaluate the effectiveness of the Camden Exercise Referral Scheme during the first 14 months**

## **Objectives**

To explore physical activity levels

To investigate changes in physical and mental health

To examine adherence rates

# Participants

868 Referrals

229 male-535 female

Mean age=58.7±18.3  
years

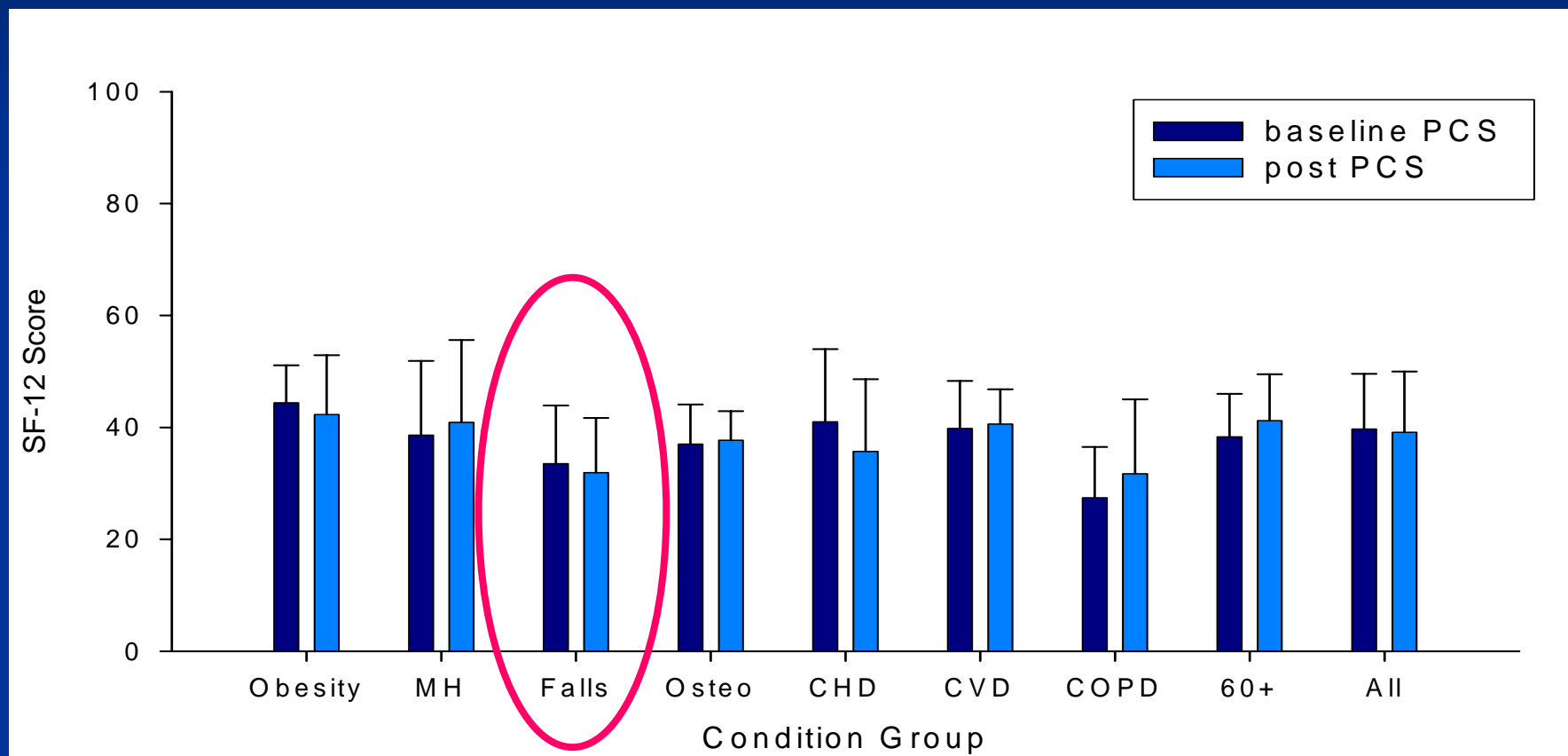
346 patients who  
started the ERS

	Total referrals
Obesity/ Diabetes	305
Mental Health	176
CHD	131
<b>Falls</b>	<b>101</b>
Osteoporosis	60
CVD	20
COPD	20
60+	55
<b>Total</b>	<b>868</b>

# Objective 1: To investigate physical activity levels

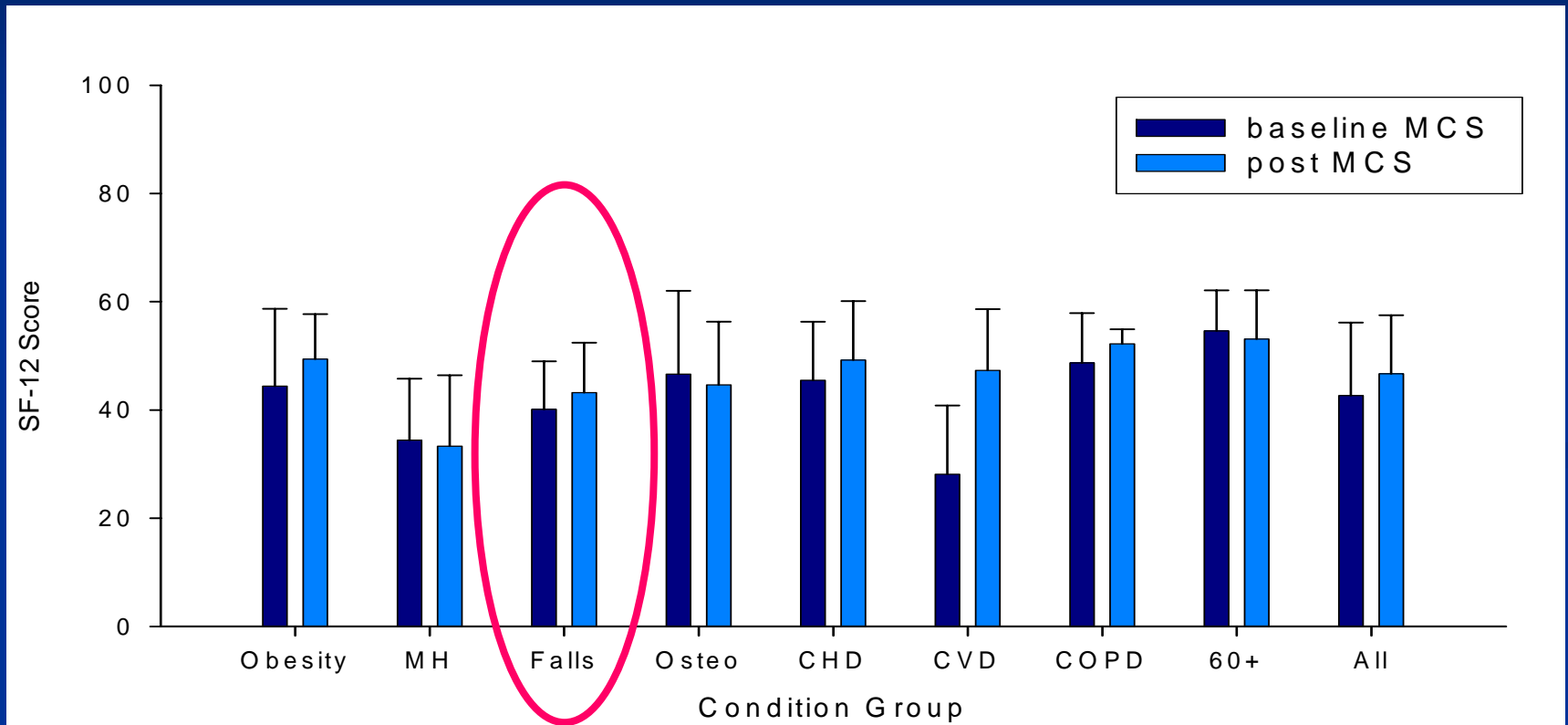
	Low	Moderate	High
	n (%)	n (%)	n (%)
Obesity/ Diabetes	97 (49.7)	96 (49.2)	2 (1.0)
Mental Health	48 (62.3)	29 (37.7)	0
<b>Falls</b>	<b>22 (53.7)</b>	<b>18 (43.9)</b>	<b>1 (2.4)</b>
Osteoporosis	10 (50.0)	9 (45.0)	1 (5.0)
CHD	33 (66.0)	16 (32.0)	1 (2.0)
CVD	10 (62.5)	6 (37.5)	0
COPD	13 (86.7)	2 (13.3)	0
60+	20 (74.1)	7 (25.9)	0
All	253 (57.4)	183 (41.5)	5 (1.1)

# Objective 2a: To investigate changes in physical health



SF-12 data did not show a significant improvement in perceived physical health ( $t_{66}=-0.51$ ,  $p=0.61$ )

# Objective 2b: To investigate changes in mental health



SF-12 data showed a significant improvement in perceived mental health ( $t_{66}=2.64$ ,  $p=0.01$ )

## Objective 3: To explore adherence rates

	Active	Completers	Drop-outs	Non-starters
	n (%)	n (%)	n (%)	n (%)
<b>Obesity/ Diabetes</b>	109 (35.7)	103 (33.8)	20 (6.6)	69 (22.6)
<b>Mental Health</b>	67 (38.1)	36 (20.5)	18 (10.2)	55 (31.3)
<b>Falls</b>	<b>33 (32.7)</b>	<b>29 (28.7)</b>	<b>4 (4.0)</b>	<b>26 (25.7)</b>
<b>Osteoporosis</b>	21 (35.0)	23 (38.3)	4 (6.7)	12 (20.0)
<b>CHD</b>	48 (36.6)	54 (41.2)	6 (4.6)	23 (17.6)
<b>CVD</b>	4 (20.0)	10 (50.0)	1 (5.0)	4 (20.0)
<b>COPD</b>	8 (40.0)	6 (30.0)	0	6 (30.0)
<b>60+</b>	15 (27.3)	29 (52.7)	3 (5.5)	8 (14.5)
<b>All</b>	305 (35.1)	290 (33.4)	56 (6.5)	203 (23.4)

# National Falls Awareness Day's Theme:

.... Getting out and about...

**Project OPAL: - A study of Older People and Active Living**



National  
Prevention  
Research  
Initiative



CANCER RESEARCH UK



# ...A walk a day keeps a fall at bay...

- Older people in UK are not very active
- Concern over the decline of activity  
friendliness of neighbourhoods
- Little is known about the determinants or  
even patterns of physical activity in older  
adults
- Shift from individual to social and  
environmental determinants of  
health
- Shift from centre-based solutions  
to walking and cycling

# **...A walk a day keeps a fall at bay...**

OPAL Purpose: To understand the role of physical activity in the lives of older adults

- **Describing patterns of activity**
- **Understanding the barriers and constraints to physical activity**
- **Understanding the effect of functional fitness on activity**
- **Understanding the impact of the neighbourhood they live in**