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QUESTION
In older people in the community, which interventions reduce fear of falling?

METHODS
Data sources: Medline, EMBASE/Excerpta Medica, Cochrane Central Register of Controlled Trials, and PsycINFO (to 2005); reference lists; and 14 experts.

Study selection and assessment: randomised controlled trials (RCTs) that assessed fear of falling in community-dwelling people who had a mean age ≥65 years. Studies of people with a specific medical condition were excluded. 19 RCTs met the selection criteria. Interventions included multifactorial interventions (8 RCTs), tai chi (3 RCTs), exercise interventions (4 RCTs), balance interventions (6 RCTs), hip protectors (1 RCT), and a fall risk-factor intervention (1 RCT). Some RCTs assessed ≥1 intervention. 3 interventions had the explicit aim of reducing fear of falling. Duration of interventions ranged from 1 home visit to 1 hour/week for 1 year. Study follow-up ranged from 1.5 to 18 months. 2 reviewers independently assessed study quality using 8 validity items (scores of 0 to 8 [high quality]); median quality score was 4, with 12 RCTs fulfilling ≥4 criteria.

Outcome: fear of falling. Assessment included a 1-item fear of falling question, Falls Efficacy Scale, Modified Falls Efficacy Scale, Mobility Efficacy Scale, Activities-Specific Balance Confidence Scale, Survey of Activities and Fear of Falling in the Elderly, perceived control over falling, and perceived ability to manage risk of falls or actual falls.

MAIN RESULTS
12 of 19 RCTs showed that interventions were effective for reducing the fear of falling. Successful interventions were fall-related multifactorial interventions (5 RCTs), tai chi (3 RCTs), exercise interventions (2 RCTs), a hip protector intervention (1 RCT), and a home-based intervention addressing fall risk factors (1 RCT). All but 1 high-quality RCT (fulfilling ≥4 validity criteria) showed that interventions reduced fear of falling.

CONCLUSION
Several interventions reduce fear of falling in older people living in the community.

ABSTRACTED FROM

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Fear of falling in community-dwelling older people is strongly associated with self-imposed activity restrictions and social isolation, which can lead to increased physical frailty. In their review of the literature, Zijlstra et al present findings from 19 RCTs. 12 of the 19 RCTs were rated as high-quality studies, of which 11 found significant reductions in fear of falling.

Perhaps due to space limitations, limited details were provided about the interventions that were effective. Although the results of the 12 high-quality trials clearly indicate some trends with respect to which interventions are effective, it is unclear which aspects of these programmes were most effective and should be implemented by clinicians. Is the promotion of increased activity the key component? Or are other components more important to successfully reducing fear of falling? Who should implement the intervention? Does the setting matter? It would have been useful to have some sense of the effect size of these interventions, but clinical heterogeneity among interventions precluded quantitative pooling of individual study results.

The wide variation in intensity of interventions (from 1 home visit to 1 h/wk for 1 y) also makes it challenging to plan for efficient implementation of such interventions. Additionally, the authors cautioned readers that only 3 of 19 interventions were targeted specifically at reducing fear of falling, while others were aimed at reducing falls. Because extensive detail could not be presented on each intervention, it is unclear how much of a limitation this presents.

Identifying evidenced-based interventions to prevent the downward spiral toward frailty related to fear of falling is critical for nurses working with older adults in the community. This evidenced-based review identifies several approaches that have been successful. To apply these findings, nurses will need to examine the referenced studies first-hand to make judgments about which components they should include in a programme they might implement or recommend. A follow-up review of the studies that showed significant effects, with more detailed information about the interventions and key aspects of implementation, would be useful.

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