

# Gender Differences in Fall Risk Evaluation in an Emergency Department

Phillip Zegelbone MS

USF MCOM - LVHN Campus, Phillip.Zegelbone@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/select-program>



Part of the [Medical Education Commons](#)

---

## Published In/Presented At

Zegelbone, P. (2016, March 9). *Gender Differences in Fall Risk Evaluation in an Emergency Department*. Poster presented at: The SELECT Capstone Project in the Kasych Conference Room, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# Gender Differences in Fall Risk Evaluation in an Emergency Department

Phillip Zegelbone

Lehigh Valley Health Network, Allentown, PA

## Introduction

The Centers for Disease Control (CDC) reports that among older adults ( $\geq 65$ ), falls are the leading cause of injury-related death. It is unknown whether men or women might choose different fall prevention options to mitigate their risk.

## Problem Statement

- Will men or women choose different fall risk prevention choices?
- Will men or women be more likely to participate in a study on preventing traumatic mechanical falls?
- Will men and women decline to participate in the traumatic falls study for similar or disparate reasons?

## Methodology

This capstone draws its data from an ongoing pilot study that is a prospective randomized controlled trial approved by the network IRB and conducted at LVHN-CC ED. Seniors that were  $\geq 65$  with a CDC identified fall risk were approached to enroll in the study. Control subjects completed a mobility assessment and received the Center for Diseases Control (CDC) brochure "What YOU Can do to Prevent Falls," (Figure 1). Subjects in the experimental arm completed a mobility assessment, and the research team used a bedside decision tool to review a list of interventions to reduce risk of falls with the patient. The patient was then asked to indicate the choices in which they would like to participate to decrease their fall risk. Research staff has then acted upon the selections. The patient is given a copy of the decision-aid to keep. Both groups have phone follow-up at 6 weeks post ED visit, and then again at 3, 6, 9 and 12 months to collect self-reported data about goal completion and fall history.

## Results



Men and women were equally likely to enroll in the study in the time period examined (6/2014-2/2015). Twenty-six out of fifty-two enrolled subjects, (50%) were female. The largest discrepancies based on gender come when looking at who declined participation based on interest in the study and also self-perception of risk of future fall. 11 (4.4%) women and 33 (13.2%) men stated that they were not interested in the study, and 59 men (23.6%) and 40 women (13.3%) stated that they did not perceive themselves to be at a risk for falls.

Figure 1: Values Based Decision Tool



## Conclusions

In this study of those that are  $\geq 65$ , men were less likely than women to identify themselves as a traumatic fall risk. Men reported much more disinterest with the subject topic and also lack of perception of benefit from the study. Societal expectations regarding gender and strength may influence fall risk reduction decision-making in the elderly.

© 2016 Lehigh Valley Health Network