

No Sex-Specific Differences in Preference of Management Options to Prevent Elderly Falls

Marna R. Greenberg DO, MPH, FACEP
Lehigh Valley Health Network, marna.greenberg@lvhn.org

Jeanne L. Jacoby MD
Lehigh Valley Health Network, Jeanne_L.Jacoby@lvhn.org

Robert D. Barraco MD, MPH
Lehigh Valley Health Network, robert_d.barraco@lvhn.org

Bernadette Glenn-Porter BS
Lehigh Valley Health Network, Bernadette.GI-Porter@lvhn.org

Kyle Durics BS
Lehigh Valley Health Network, Kyle.Durics@lvhn.org

See next page for additional authors

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Authors

Marna R. Greenberg DO, MPH, FACEP; Jeanne L. Jacoby MD; Robert D. Barraco MD, MPH; Bernadette Glenn-Porter BS; Kyle Durics BS; Ryan Day MD; Victoria Goodheart DO; Danielle Mills MD; Alexander Youngdahl DO; and Bryan G. Kane MD

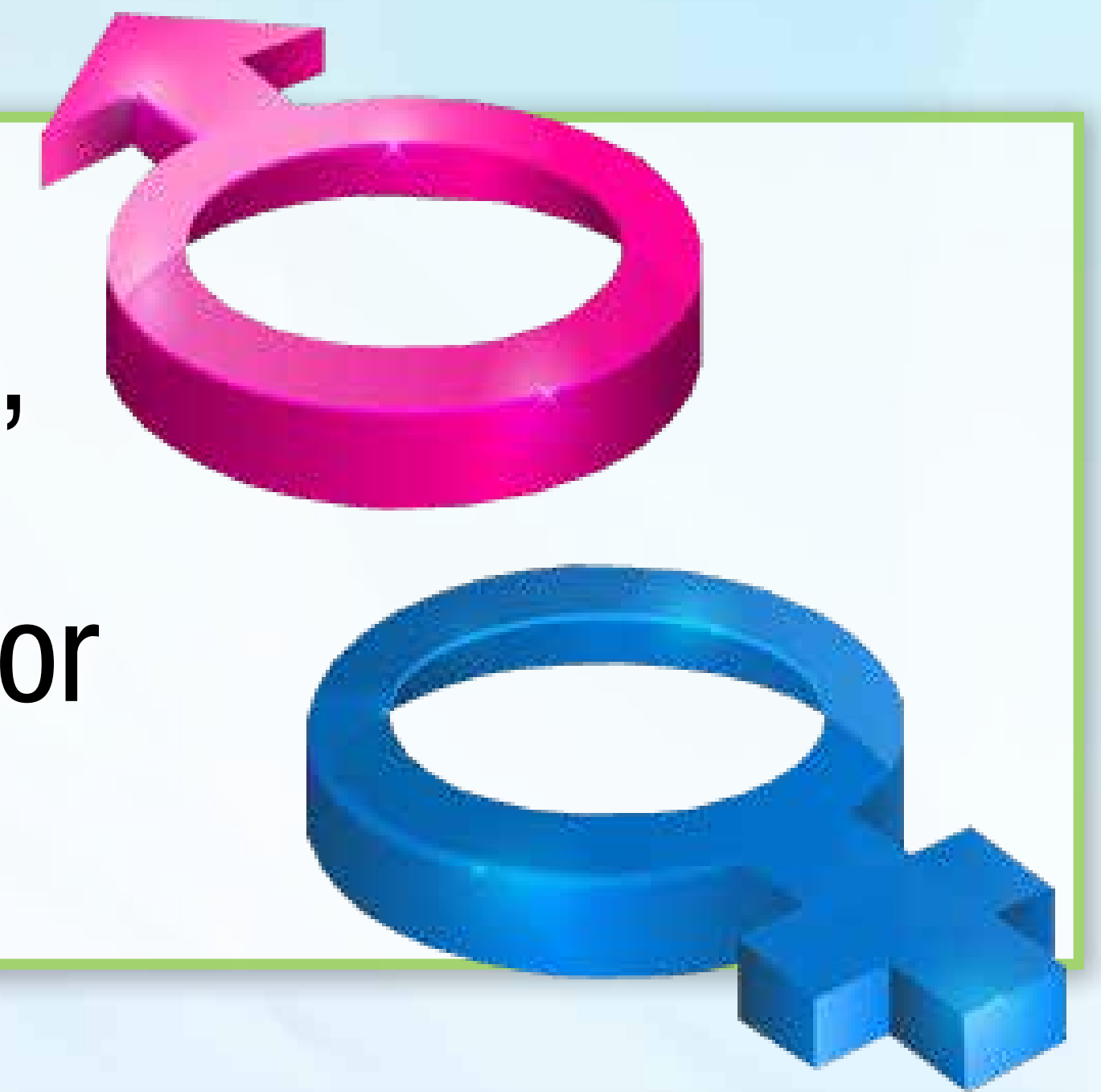
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Marna Rayl Greenberg, DO, MPH, Jeanne L. Jacoby, MD, Robert D. Barraco, MD, MPH, Bernadette Glenn-Porter, BS, Kyle Durics, BS, Ryan Day, MD, Victoria Goodheart, DO, Danielle Mills, MD, Alexander Youngdahl, DO, Bryan G. Kane, MD

Lehigh Valley Health Network/USF Morsani College of Medicine, Allentown, PA

OBJECTIVE

The Centers for Disease Control (CDC) reports that among older adults (≥ 65), falls are the leading cause of injury-related death. We aimed to see if there were sex specific differences in patient's choice(s) of management options for mechanical fall prevention.



METHODS:

This prospective study was conducted in Pennsylvania. After consent, subjects were advised that they had a risk of falling as identified by inclusion criteria (adopted from CDC screening recommendations) and were advised to take action to prevent future falls. An intervention that included management choices such as a medication review, an eye exam, a home safety check and/or an exercise program was provided. Subjects had phone follow up at 6 weeks to assess what actions they reported taking to mitigate their fall risk.

RESULTS:

Eighty-seven subjects were enrolled. The mean age of the enrollee was 74.2; 97 (56.0%) were female. Seventy-seven of the 87 subjects (88.5%), reported choosing a fall prevention strategy at phone follow-up. Of the 10 (11.4%) who chose no strategy 7 (70.0%) were female and 3 (30%) male; $p=0.179$). Twelve participants (13.7%) reported beginning a regular exercise program ($n=7$ female [58.3%], $n=5$ male [41.6%]; $p=0.684$). Fifteen (17.2%) reported they reviewed their medications with a health care provider (HCP) ($n=9$ female [60.0%], $n=6$ male [40.0%]; $p=0.466$). Five subjects (5.7%) reported they had their vision checked ($n=3$ female [60.0%], $n=2$ male [40.0%]; $p=1.0$). Forty-six (52.8%) reported they had a home safety check ($n=26$ female [56.5%], $n=20$ male [43.4%]; $p=0.297$).

CONCLUSIONS:

In this pilot study, there do not appear to be sex specific differences in what actions patients are willing to take in fall prevention strategies. Both sexes most frequently choose to have a home safety evaluation compared to other fall prevention actions. Further research to determine the impact of these interventions on actual fall risk is necessary.

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