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## Guest Editorial: Introduction to the Special Section on Falls Prevention

The impetus for this special section came from a desire for gerontologists to have a greater engagement with the issue of falls in later life. My experience in the United Kingdom (UK) is that falls is very much a concern of the medical profession but one that is not so much shared by social scientists. The British Geriatrics Society is open to all disciplines, though as a more defined branch of medicine, is naturally mainly comprised of geriatricians and allied health professionals such as physiotherapists. Members of the British Geriatrics Society take the issue of falls very seriously and have a special interest group that hosts an annual international conference. The British Society of Gerontology is likewise open to all disciplines, though is more multidisciplinary in representing the broader spectrum of disciplines from the social sciences, arts, and humanities. In contrast to geriatricians, members of the British Society of Gerontology have few in number that conduct research in the area of falls. As a psychologist, I can very much perceive the contribution that can be made to the knowledge base on falls prevention by gerontologists / social scientists. It is understandable that geriatricians and allied health professionals may take a greater interest as they face the problem of falls with their patients in routine care. However, health psychologists, medical sociologists, and colleagues from other related disciplines have long taken an interest in the health and care of older people, so why a lack of interest in falls?

I have made the assumption that at least one reason why British gerontologists are not as yet fully engaged with falls prevention research may be due to unfamiliarity with the subject area. To help bring colleagues up to speed with current developments and issues in falls prevention research, in 2009 I chaired a symposium at the *38th Annual Conference of the British Society of Gerontology, University of Bristol, England, entitled: "The state of the art: Falls prevention in older people"*. The contributors to this symposium agreed to write their papers for publication and so I have coordinated this special section and invited additional contributions from colleagues outside the UK. Below I will explain the rationale for this special section on falls prevention and introduce the papers that follow.

### *Rationale for the special section*

Falls are globally recognised as a major threat to older people's health and wellbeing, and are associated with morbidity, hospital and nursing home admission, and mortality. Statistical data on the prevalence and severity of falls is presented in our first paper of this special section, which indicates the seriousness of the issue of falls in later life and its increasing concern given population ageing. While there are excellent sources of information already available in the literature, this special section will be particularly useful to readers in both its multidisciplinary focus and currency. The purpose of this special section is twofold. First, to introduce the important topic of falls to readers unfamiliar with this field of research, and in so doing explain concepts in a readable manner that may not necessarily be accessible because of the multidisciplinary nature of this field. Second, to bring readers up to date with reviews on the current status of the field and to present new data in the undeveloped area of cultural influences on lay beliefs over falls and their prevention.

This special section on falls prevention is distinguishable in two ways. First, the contributors have deliberately been chosen to form a multidisciplinary team with expertise in population health, epidemiology, geriatric medicine, psychology, and nursing. In particular, the underrepresented

area of psychosocial factors is represented in two papers. Second, and related to the first point, is that these manuscripts cover a broad spectrum of topics relevant to the study and practice of reducing falls. Each paper is novel and taken together covers epidemiological, historical, and psychosocial issues, as well as the evidence for how falls can be prevented by the physician.

### *Contents of the special section*

The special section contains five papers; the first four provide literature reviews on current evidence and the final paper presents new empirical data. Dr Peel (Australia) starts the section by raising the major public health issue of falls, owing to their high frequency and severity among older people. Most research papers in this field briefly cite epidemiological statistics but this review provides an in-depth analysis of such data. Peel notes the public health burden of falls is set to rise given global population ageing, and the greater risks of falls and fall-related injury among the oldest old and those residing in care settings. Peel also highlights the increased risk of falls among subgroups of the older population including women and those of low socioeconomic status.

The second paper by Dr Speechley (Canada) provides a unique review of the literature in presenting a historical perspective on how the field has developed with particular attention to the importance of methodology. This review covers the major studies published in this area and, with a focus on the increasing sophistication of methods, explains the inconsistencies and contradictory findings in the literature. Speechley then resolutely argues for a simpler physiological model to explain balance and instability rather than developing extensive lists of multifactorial risk factors for falls.

The third paper by Dr Martin (UK) explains how falls is to be understood as a geriatric syndrome that is closely related to dizziness and syncope. A number of medical conditions are indicated as risk factors for falls and fragility fractures including syncope, impaired gait, cognitive impairment, incontinence, chronic diseases, medication use, and osteoporosis. Martin presents the evidence for the clinical assessment and individually-tailored treatment of such falls risk factors with attention to understanding the context in which the individual fell when preventing secondary falls.

The fourth paper by Dr Nyman (UK) provides a first-time overview of the psychosocial factors that influence older people's engagement with physical activities for the prevention of falls. He uses the theory of planned behaviour to integrate research on the influential role of different factors including knowledge, attitudes, confidence, self-identity, and social context. Such research is important as it is routinely observed that evidence-based advice / interventions are not always taken up by older people or sustained in the long-term.

The above review papers lay the foundations for the final fifth paper by Drs Horton and Dickinson (UK). They report empirical qualitative data from a study with older Chinese people to highlight the under-researched role of culture and diversity in lay beliefs over falls and their prevention. Their study indicates that Chinese older people may be reluctant to discuss falls for fear of worrying their adult children, may only desire to engage in culturally familiar activities, and may hold beliefs of a moral duty to stay healthy but deem falls to occur due to bad luck. Horton and Dickinson illustrate these points and emphasise their potential to inhibit Chinese older people's participation in falls prevention interventions in addition to barriers of language and literacy.

From the five papers, readers will have an understanding of the widespread problem of falls, how falls research has evolved, how falls can be prevented, and the psychosocial and cultural factors that influence older people's participation in falls prevention interventions. I hope the special section goes somewhat toward meeting the goal of attracting more attention to the issue of falls and in particular greater engagement from gerontologists / social scientists in future research.