

Fear of falling linked to future falls in older people

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Fear of falling is likely to lead to future falls among older people, irrespective of their actual fall risk, finds a study published in the British Medical Journal today.

This indicates that measures of both actual and perceived fall risk should be included in fall risk assessments to help tailor interventions for preventing [falls](#) in [older people](#), say the authors.

Fear of falling is common in older people and is associated with poor balance, [anxiety](#), [depression](#) and falls. But the problem of irrational fear has been neglected in the scientific literature.

So a team of researchers from Australia and Belgium set out to improve their understanding of fear of falling and its impact on the risk of falls.

Five hundred people, aged 70 to 90 years, living in Sydney took part in the study and underwent an extensive medical and neuropsychological assessment. Actual and perceived fall risks were then estimated using recognised scoring scales and participants were followed up monthly over a one-year period.

The researchers found that both actual fall risk and perceived fall risk independently contribute to a person's future fall risk.

Further analysis was then used to split the sample into four groups based on the disparity between actual and perceived risk.

Most people had an accurate perception of their fall risk. Those in the "vigorous" group (low actual and low perceived fall risk) were considered at low risk of future significant falls, while those in the "aware" group (high actual and high perceived fall risk) were considered at high risk of future significant falls.

However, about one third of elderly people either underestimated or overestimated their risk of falls.

For example, the "anxious" group had a low actual but high perceived fall risk, which was related to [depressive symptoms](#), neurotic personality traits and poor physical functioning. In contrast, the "stoic" group had a high actual but low perceived fall risk, which was protective for falling, and related to a positive outlook on life, physical activity, and community participation.

Overall, it seems that high levels of perceived fall risk are likely to result in future falls, irrespective of the actual risk, and the disparity between actual and perceived fall risk contributes to risk mainly through psychological pathways, say the authors.

The findings also suggest that reducing fear of falling is not likely to increase the risk of falls by making older people overly confident, they add.

And they conclude that measures of both actual and perceived fall risk should be included in fall risk assessments so as to tailor interventions for preventing falls in older people.

Provided by British Medical Journal

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