

Many seniors overestimate their mobility

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Many seniors who visit emergency departments require more assistance with physical tasks than they think they do, which may lead to hospital readmission later on. The results of the study were published online Friday in *Annals of Emergency Medicine*.

"Ensuring that [older adults](#) discharged from the [emergency department](#) are able to safely function in their home environment is important because those who are unable to function safely at home are at risk for falls and return ER visits," said lead study author Timothy Platts-Mills, MD, MSc, of the University of North Carolina Chapel Hill in Chapel Hill, N.C. "Accurately determining the ability of these patients to care for themselves at home is critical for [emergency physicians](#) as they make decisions about whether to discharge patients home or elsewhere. A patient who reports they can walk with an assistive device but actually requires human assistance to walk is likely to be bed-bound or to fall if they go home alone."

Overall, only 77 percent of patients in the study accurately assessed their ability to perform tasks. Of patients who said they could perform the assigned tasks without assistance, 12 percent required some assistance or were unwilling to complete the tasks. Of those who said they could perform the task with a cane or walker, 48 percent required either human assistance or were unable to perform the task. Of those who said they could perform the task with [human assistance](#), 24 percent were unable to perform the task even with someone helping them.

The tasks assigned were getting out of bed, walking 10 feet and returning

to bed. Twenty million people aged 65 and older visit emergency departments every year, and that number is expected to grow as the Baby Boomers continue to age.

"Emergency physicians are experts in deciding who can go home and who needs to come in the hospital," said Dr. Platts-Mills. "But we are not perfect and sometimes we make decisions based on patient statements about abilities, rather than direct assessments. Our results suggest that patient statements are sometimes inaccurate, and, particularly for older adults who need some assistance, directly observing the patient's ambulation can be informative. Of course being able to move around isn't the only determinant of whether an older adult can be safely sent home, but it is a critical piece of information and it's good to get it right."

More information: "Self-Reported vs. Performance-Based Assessments of a Simple Mobility Task Among Older Adults in the Emergency Department", www.annemergmed.com/article/S0153984615005843/fulltext

Provided by American College of Emergency Physicians

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