

Study finds differences in older adults who fall indoors versus outdoors

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Falling can have serious consequences for older adults, including a loss of function and increased risk of institutionalization. According to a new study by NYU's Steinhardt School of Culture, Education, and Human Development, patient characteristics and outcomes differ for people who fall outdoors versus indoors.

"Falls are one of the most common causes of [emergency room visits](#) for older adults and are the number one cause of traumatic injuries for this population," said study author Tracy Chippendale, assistant professor of occupational therapy at NYU Steinhardt. The findings were published online in the journal *Geriatrics and Gerontology International*.

In their study, the researchers looked at data from the trauma registry and [electronic medical records](#) at the Trauma Center at Jamaica Hospital in New York City. They studied a total of 712 people, including patients aged 55 years or older who fell either indoors or outdoors before coming to the hospital. The researchers noted demographic information, other [health conditions](#), and the type and severity of injury.

The findings revealed that people who fell outdoors were more likely to be younger, male, and were less likely to have certain [chronic health conditions](#) such as diabetes, dementia, and [congestive heart failure](#) when compared to people who fell indoors.

"Given the reduced activity levels associated with these conditions and the resulting decrease in time spent outdoors, these findings make

sense," Chippendale said.

Differences were also found in the patients' outcomes and injuries. While outdoor fallers were just as likely to experience severe injuries and long hospital stays as indoor fallers, indoor fallers were more likely to be transferred to a rehabilitation facility rather than returning home from the hospital. This finding is logical given that indoor fallers are on average older and may take longer to recover.

Looking at the patients' injuries, unspecified head injuries and open wounds were more common among outdoor fallers, and sprains more common among indoor fallers. Being older, female, and having dementia were found to be associated with fractures among indoor fallers. Having a joint disorder was associated with fractures in both groups, and alcohol use at the time of the fall was negatively associated with fractures for both indoor and outdoor fallers.

The researchers conclude that their results can help to inform targeted initiatives for [older adults](#) that lower their risk of falls.

"Given the difference in characteristics between indoor and outdoor fallers, targeted prevention programs are warranted to address the needs of these two groups," said Chippendale. "Since outdoor fallers are more likely to be younger and less likely to go to a rehabilitation or skilled nursing center—where fall prevention training often occurs—after being discharged from the hospital, we need to think about the location where fall prevention initiatives are offered. One possibility would be primary care clinics."

Provided by New York University

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