

Phone coaching prevents falls in older people

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A new, phone-based falls prevention program called RESPOND has been shown to reduce falls in older people who are sent home from hospital emergency departments.

Researchers at The University of Western Australia, Royal Perth Hospital and Curtin University led the Western Australian arm of the

RESPOND study. Melbourne-based studies were conducted by a team at Monash University and The Alfred Hospital.

RESPOND is a patient-centered strategy that aims to empower and support older people to participate in activities to prevent them from falls.

The study, published in *PLOS Medicine* showed fall rates among people aged 60-plus could be reduced by about 35 percent if they participated in RESPOND. It also showed a 63 percent reduction in the rate of fractures in the RESPOND group when compared to controls.

UWA Professor of geriatric medicine Leon Flicker said falling over was the main reason why 60-plus-year-olds visited hospital emergency departments, with falls in older adults accounting for almost half of all injury presentations.

"The results from the RESPOND program indicate that taking proactive measures, such as discussing falls prevention over the phone, could help reduce this alarming statistic," Professor Flicker said. "The main goal is to respond to the first fall to prevent the second."

The RESPOND program consists of a home-based risk assessment, six months of phone-based education, coaching, goal-setting, risk factor management support and links to existing services.

"We specifically designed RESPOND to provide personalised and timely education and support to improve knowledge, confidence, and participation in evidence-based falls prevention activities," Professor Flicker said.

Within two weeks of a face-to-face session, and with further phone calls over the subsequent six months, the clinician called the participant to

review their progress, offer encouragement and troubleshoot issues hampering their ability to implement their fall-prevention plan.

"Previous studies with older adults have identified that negatively-framed falls prevention messages are often perceived as patronizing and a threat to independence," Professor Flicker said.

"RESPOND used positive health messaging to enhance engagement and participation and may be a key component for clinicians to consider in future falls prevention programs."

Professor Flicker said making personal phone calls was an inexpensive and wide-reaching way to connect with the participants while developing a strong partnership between emergency departments and [community care](#) was a positive spin-off.

"It can be challenging to discuss falls prevention strategies in emergency departments because the focus is on managing the immediate care needs of a patient," Professor Flicker said.

"We introduced these new interventions to address the complex needs of older people who experience a fall that leads to an ED attendance because they are frailer, have multiple health conditions and more severe injuries when compared with those who do not attend the ED as a result of a fall."

Professor Flicker said patients were actively involved in their care and decisions about their treatment, with participants free to choose the modules they perceived as most relevant to them. Recommendations provided by ED staff were also reviewed and discussed with participants.

"The fact that almost one in two participants lived alone highlights that many older people who present to the ED with a fall may lack social

support," he said.

"While the RESPOND program did not aim to improve social support, this figure highlights a potential remaining unmet need in many older fallers who present to emergency departments. Now that we have shown this program works it is really important to continue to roll it out."

More information: Anna Barker et al. Evaluation of RESPOND, a patient-centred program to prevent falls in older people presenting to the emergency department with a fall: A randomised controlled trial, *PLOS Medicine* (2019). [DOI: 10.1371/journal.pmed.1002807](https://doi.org/10.1371/journal.pmed.1002807)

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