

# Study finds no link between elderly patient activity and hospital falls

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In 2008, as part of a larger initiative aimed at reducing preventable hospital errors and lowering costs, Medicare stopped reimbursing for the treatment of injuries related to in-hospital falls.

Geriatricians were quick to point out that this measure could have an unintended negative consequence. In trying to keep [elderly patients](#) from falling, they said, it was possible that hospitals might discourage patients from moving about at all. And for the elderly, even a few days of [immobility](#) can produce what's called "hospital-associated deconditioning": a loss of [muscle mass](#), [aerobic capacity](#), and sense of balance that reduces a patient's ability to function after he or she is discharged from the hospital.

But while it might seem obvious that elderly patients who move around more would be more likely to fall, a new study from University of Texas Medical Branch at Galveston researchers suggests otherwise. Analyzing the [mobility patterns](#) of elderly patients fitted with small [electronic devices](#) that counted every step they took, the scientists determined that patients who suffered in-hospital falls actually moved around no more than patients who did not fall.

"We matched 10 patients who had fallen with 25 who had not fallen based on age, gender, reason for admission, illness severity, and mobility status before admission," said UTMB assistant professor Steven Fisher, lead author of a paper on the study now online in [Archives of Physical Medicine and Rehabilitation](#). "All of these people had worn step activity

monitors during their stay in the hospital, and when we analyzed the data from these devices we found no statistical difference in the amount of walking between the groups."

According to Fisher, the study's results suggest reducing elderly patients' mobility doesn't just risk hospital deconditioning -- it also may do little toward the prevention of falls.

"Hospital falls are a complex issue, with a number of factors at work," Fisher said. "In our study, for example, we found that cognition was a big factor -- patients suffering from delirium were more likely to fall."

In addition, Fisher pointed to the hospital environment as a potential contributor to falls. All of the falls noted in the study took place at night, and 60 percent of them were related to visits to the bathroom.

It is likely not possible to eliminate older patient [falls](#) altogether, Fisher observed. "Evidence is accumulating, however, that even small amounts of activity can be beneficial in this context," he said. "What we see from this study is that getting that benefit doesn't necessarily mean increasing the risk of falling."

Provided by University of Texas Medical Branch at Galveston

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