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Walking difficulties is the main contributor to fear of falling in people with Parkinson's disease

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OLDER ADULTS' PREFERENCES REGARDING BEHAVIOUR CHANGE TECHNIQUES IN A FEAR OF FALLING PROGRAM

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In an RCT a multicomponent group intervention showed to be feasible and effective (moderate effect size) in managing concerns about falls, also called fear of falling, in older adults. The program's effectiveness may be enhanced by tuning the program's behaviour change techniques (BCTs) to the preferences of participants; yet, their preferences are unknown. In this cross-sectional study older adults (N=25) rated the program's 27 BCTs in view of their feasibility and effectiveness during a structured, individual face-to-face interview. For both feasibility and effectiveness, the technique 'salience of consequences' was rated lowest and 'restructuring the physical environment' was rated the highest. The current study provided insight into the preferences for BCTs of potential users of the program. These preferences do not fully match with the preferences for BCTs by scientific experts, as studied previously; this is ground for further discussion and study.

FALLS EFFICACY AND FEAR OF FALLING IN HIP FRACTURE PATIENTS

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The question of how to assess fear of falling (FoF) and falls efficacy in hip fracture patients is still not clearly resolved. While the Fall Efficacy Scale International (FES-I) shows good reliability and structural validity in this population, it appears more related to functional performance than to more general anxiety symptoms (Visschedijk et al. 2015). Based on data of 124 community-dwelling elderly after hip or pelvic fracture (Mean age = 82.5 years; 76.6 % female) associations between different specific measures on FoF and falls efficacy (Short FES-I, Perceived Ability to Manage Falls, single item questions), functional ability, general anxiety symptoms, and additional measures that refer to emotion regulation (psychological flexibility, anxiety control) are presented and discussed. After attending this presentation, participants will have a better understanding of what they are measuring with different FoF measures in this high-fall risk population.

WALKING DIFFICULTY IS THE MAIN CONTRIBUTOR TO FEAR OF FALLING IN PEOPLE WITH PARKINSON'S DISEASE

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Fear of falling is more common and pronounced in people with Parkinson's disease than in controls. We conducted a series of studies that used multivariable regression analyses to identify explanatory factors of fear of falling in people with Parkinson's disease. Three independent samples were used. The first study (n=154) was a postal survey study that used well-established self-rating scales. The second study replicated the first one by using a clinical sample (n=104) and added unexplored motor aspects (e.g., gait speed, functional balance performance) as well as global cognition. The third clinical study (n=241) included independent variables that focused on personal (e.g. general self-efficacy) and environmental factors as well as Parkinson-related disabilities. In all three studies, walking difficulties was the strongest explanatory (60–68%) factor. The results imply that walking difficulties in daily life should be the primary target in order to reduce fear of falling in people with Parkinson's disease.

EFFECTS OF A PHYSICAL ACTIVITY INTERVENTION ON FEAR OF FALLING IN NURSING HOME RESIDENTS

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Study objective was to examine the effect of an intervention program on fear of falling, physical performance and life space in nursing home residents.

Frail, multi-morbid nursing homes residents (n=83, mean age: 82.6 ± 10.1, MMSE 19.5 ± 7.4) took part in a controlled intervention trial to promote physical activity. The intervention group (IG: n=56) took part in impairment-adjusted activity groups while the matching control group (CG, n=27) received usual care.

Residents with low baseline fall-related self-efficacy (FRSE) (documented by the Falls Efficacy Scale International) significantly increased life space (documented by a high-tech sensor network, S-net®) during intervention (p=.044, motor performances (Sit-to-stand, p=.031) and FRSE. Baseline FRSE and motor performances were significantly associated (SPPB: p=.022, gait speed: p=.012; TUG: p=.043).

An impairment adjusted activity program increased FRSE, motor performance and life space in multi-morbid nursing home residents with low FRSE, while FRSE and motor performances were highly associated.

SESSION 5220 (PAPER)

ESPO BIOLOGICAL SCIENCES SESSION: FUNCTIONAL CONSEQUENCES OF BIOLOGICAL AGING ON: GERIATRIC SYNDROMES, CHRONIC DISEASES AND CONDITIONS, AND IMMUNE RESPONSES

THE ASSOCIATION BETWEEN INFLAMMATORY BIOMARKERS AND FRAILTY SYNDROME AMONG CHINESE OLD PEOPLE

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