Understanding the Relationship between Fear of Falling and Mobility in Older Adults

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Q&A

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1. Does one of the Fear of Falling scales/measures work better in an acute care setting than another?

I am not aware about any FOF measurement tool that has been specifically validated to be used in acute settings. However, some studies used single item questions (with a numeric rating scale for fear of falling) and the Falls Efficacy Scale. Here are some example studies:


2. How can you gather information of fear with someone who has Dementia?

Some tools have been developed and/or tested to be used with people with cognitive impairment. For instance, the Iconographical Falls Efficacy Scale
https://www.ncbi.nlm.nih.gov/pubmed/20975251 have been tested with people with cognitive impairment. Although more studies are needed to confirm these tools’ validity and reliability for older adults with cognitive impairment, the available studies so far seem to be supportive of their use.

3. Is there a scale with greater validity (e.g. observational) for clients with dementia?

The Iconographical Falls Efficacy Scale was specifically developed for older adults with cognitive impairment. See the answer for the question 2 above.

4. Is the FES-I available online and is there a fee to use?

FES-I and Short FES-I are available free of charge. Please check the following website for further details https://sites.manchester.ac.uk/fes-i/
5. **How did you decide between grouping the FES-I into 2 categories (low-high) rather than low, moderate and high?**

The authors of the FES-I have not suggested any cut-off points. However, Delbaere et al., established cut-points for low (16-19), moderate (20-27) and high (28-64) concern about falling in one of their studies. [https://academic.oup.com/ageing/article/39/2/210/40898](https://academic.oup.com/ageing/article/39/2/210/40898) Although I used these cut points in some of my research that I presented in the webinar, I did not report the moderate group in my slides to simplify the data presentation, but the full report includes all the data on the 3 categories.

6. **Is a 2-point change in the FES-I score a significant change?**

I assume the question is about clinically significant change. I am not aware about any study that has established the minimal important change for FES-I in community-dwelling older adults. Few studies have established the minimal detectable change for FES-I in specific populations. The reported minimal detectable change ranges from 0.52 point in Multiple Sclerosis patient to 17.7 in hip fracture patients. Since the range is wide, it is hard to make a conclusion at this point.

7. **There are often questions about using aids and how to scale a number on the FES (e.g. “take a shower” while their shower has grab bars and a seat). How do you answer this?**

The instructions for the FES and the FES-I are silent on this, so I would suggest not to deduct points if the senior person uses any aiding equipment. I have seen some modified fear of falling questionnaires that also gather information on assistance needed for each activity, but that does not influence the score.

8. **When referring to the FES-I, what would the score be that would imply that exercise intervention would be appropriate?**

Exercise is helpful for all older adults with and without fear of falling. However, those with high fear of falling (~ >27/64 score on the FES-I scale) would benefit the most from fear of falling interventions (including exercise).

9. **Can you comment on the role of mobility aids and fear of falling?**

Generally speaking, those who use walking aids are frailer and therefore are at a higher risk of falling. Some studies found that fear of falling is more common among those seniors with walking aids, likely as a result of their functional status. Mobility aids (canes, walkers or walking poles) when used correctly can improve stability by widening the base of support and therefore could provide some confidence to the person to keep moving. If seniors are using the wrong walking aid (or if it is not adjusted or maintained properly) that might increase the risk of falling and therefore fear of falling.
10. Is there a free online version of the life space mobility assessment, LSA?

As far as I remember the tool is available for free; however, I suggest double-checking with the authors before using it [https://www.uab.edu/medicine/aging/uab-study-of-aging](https://www.uab.edu/medicine/aging/uab-study-of-aging). Here is an article that explains the use of LSA tool [https://academic.oup.com/ptj/article/85/10/1008/2804989](https://academic.oup.com/ptj/article/85/10/1008/2804989)