

Index

- ACE inhibitors, risk of falls 142–3
- acoustic neuroma 218–19
- Activities-specific Balance Confidence (ABC)
Scale 94
- acute illness, risk of falls 166–7
- aerobic exercise *see* endurance training
- age-related changes
- alterations in actions of drugs 133, 134–5
 - and falling risk 70–2
 - attentional limitations 90–4
 - dual tasking ability 90–4
 - joint position sense 75–7
 - muscle strength, power and endurance 79–80
 - peripheral sensation 75–7
 - pharmacodynamic effects of drugs 133, 134–5
 - pharmacokinetic effects of drugs 133, 134–5
 - proprioception 75–7
 - reaction time 81
 - sensorimotor function 70–2
 - tactile sensitivity 75
 - vestibular sense 77–9
 - vestibulo-ocular reflex 77–9
 - vibration sense 75
 - vision 72–4
 - visual field dependence 74–5
- alcohol consumption, and risk of falls 162–3
- Alzheimer's disease, risk factor for falls 109–10 *see also* cognitive impairment; dementia
- amputation patients, incidence of falls 13
- analgesic agents, risk of falls 142, 143, 167–8
- ankle strategy, response to perturbation 37–8
- anthropometric measures, and postural sway 28
- anti-inflammatory drugs, risk of falls 167–8
- anti-arrhythmic medications, risk of falls 167–8
- antidepressants
- risk of falls 110, 138, 139–40, 167–8
 - risk of tripping 56
- anti-hypertensive medications, risk of falls 142–3, 167–8
- anti-psychotic medications, risk of falls 138, 140–1, 167–8
- anxiety management 255–6, 257
- arthritis, risk of falls 14, 166–7
- Asian/Pacific Islander population (US), incidence of falls 9
- assessment *see* clinical assessment of the older faller
- assessment tools 357–8
- assistive devices
- aids to prevent 'long lies' 285
 - footwear 264–74, 275
 - hip protectors 283–4
 - occupational therapy assessment 280
 - physical restraints 285–7
 - range of physical assistive devices 280
 - spectacles 281–3
 - walking aids 275–80
- attention to obstacles, and risk of falling 55
- attentional limitations
- age-related effects 90–4
 - and risk of falls 90–4, 165
 - effects of dual tasking 90–4
- balance
- age-related attentional requirements 90–4
 - effects of dual tasking 90–4
- balance and gait problems, clinical assessment 247–9
- balance and mobility, and risk of falls 163–4
- balance assessment scales 35–6
- balance training 204–9
- background 204–5
 - effects on balance 205–7
 - effects on functional abilities 207–9
 - to prevent falls 194–5
- Berg Balance Scale (BBS) 35
- benzodiazepines, risk of falls 136–9, 167–8, 255, 257
- beta blockers, risk of falls 142–3
- bi-focal glasses, risk of falls 57–8, 281–3
- Black population (US), incidence of falls 9
- blood pressure *see* orthostatic hypotension
- calcium channel blockers, risk of falls 142–3
- calcium supplementation 325
- cardiac arrhythmias, clinical assessment 253–4
- cardiovascular medications, risk of falls 141–3
- cardiovascular problems affecting postural control 110–15
- carotid sinus hypersensitivity/syndrome 250, 252–3

Cambridge University Press

978-0-521-68099-8 - Falls in Older People: Risk Factors and Strategies for Prevention, Second Edition

Stephen R. Lord, Catherine Sherrington, Hylton B. Menz and Jacqueline C. T. Close

Index

[More information](#)**389** **Index**

- and risk of falls 113–14
- cardioinhibitory response 252
- definition 252
- method of testing 252–3
- sub-types 252
- treatment 253
- vasodepressor response 252
- cataracts, and risk of falls 104
- central processing, impacts of disease 106–15
- centrally acting medications, risk of falls 136–41, 255, 257
- cerebellar disorders, and risk of falls 109
- cerebral hypoperfusion, risk factor for falls 110–11
- cerebrovascular disease, risk factor for falls 107–8
- cervical spondylosis, and risk of falls 116–17
- cervico-colic reflex 105–6
- choice stepping reaction time test 32, 34
- chronic conditions, risk of falls 166–7
- clinical assessment of the older faller 241–58
 - anxiety management 255–6, 257
 - assessment of postural stability 244
 - benefits of physical activity 256
 - benzodiazepines 255, 257
 - cardiac arrhythmias 253–4
 - carotid sinus hypersensitivity/syndrome 250, 252–3
 - centrally acting medications 255, 257
 - cough syncope 250
 - depression management 255–6, 257
 - detailed history of falls 241–3
 - drop attacks 250
 - examination 244, 245
 - gait and balance problems 247–9
 - medical and drug history 243
 - medication review 254–7
 - micturition syncope 250
 - neurocardiogenic (vasovagal) syncope 250–1
 - non-pharmacological therapies 255–7
 - orthostatic hypotension 250, 251
 - Physiological Profile Assessment 244
 - polypharmacy and appropriate prescribing 254–5, 257
 - QuickScreen risk assessment 244–7, 248
 - sick sinus syndrome 250
 - sleep disorder management 255–7
 - syncope 250–1
 - Timed Up and Go Test 244
 - unexplained falls, dizziness and syncope 250–4
 - vestibular disorders 250
 - vision problems 249–50
 - vitamin D insufficiency 257–8
- cognitive impairment
 - falls prevention in residential aged care facilities 325
 - risk of falls 13–14, 109–10, 166–7
- combined training, to prevent falls 15
- community-based populations, falls prevention
 - interventions 359, 360–3, 365–7
- confidence, loss after a fall 17–18
- consequences of falls 15–18
- coordinated stability test 31–2, 33
- cough syncope 250
- deaths due to fall-related injury 15, 16–17
- degenerative joint disease, and risk of falls 105
- dementia
 - falls prevention in residential aged care facilities 325
 - risk factor for falls 13–14, 109–10
- depression, risk factor for falls 110, 166–7
- depression management 255–6, 257
- diabetes mellitus
 - Physiological Profile Assessment 351, 345–6
 - risk of falls 14, 105
- diabetic neuropathy, risk of falls 105
- digoxin, risk of falls 141–2
- discharge planning 321
- diuretics, risk of falls 142
- dizziness
 - and vestibular dysfunction 218–19
 - clinical assessment 250–4
 - risk factor for falls 111–13, 166–7
- drop attacks 113–14
 - clinical assessment 250
- drug interactions, and risk of falls 137, 143–4
- drugs, age-related changes in actions 133 *see also*
 - medications linked to falls
- dual tasking ability, and risk of falls 90–4
- economic cost of falls 18–19
- effector response, impacts of disease 115–19
- emergency department attendees, falls prevention
 - interventions 367, 368
- endurance training 214–16
 - background 214–15
 - effects on endurance 215–16
 - effects on functional abilities 216
 - health screening 215
 - to prevent falls 195–6
- environmental risk factors for falls 168–9
 - and individual behaviour 156–7
 - and mobility level 156–7
 - evidence from studies 153–6
 - for vigorous older people 156–7
 - home hazard assessment tools 151
 - private residences 153–5
 - public places 155–6
 - residential aged care facilities 155
 - suggested risk factors 151, 152
 - surface types and falls injury 156
- epilepsy, risk factor for falls 113–14
- exercise intervention studies (analysis of RCTs)
 - 177, 179, 180–1, 182–3
 - programmes which prevented falls 178, 180–1
 - programmes which did not prevent falls 178–88
- exercise intervention studies which did not prevent
 - falls 182–3, 188
 - exercise in groups (community dwellers) 189
 - exercise in groups (transitional) 191
 - individual exercise (community dwellers) 191
 - individual exercise (transitional) 192

390 Index

- exercise intervention (*cont.*)
 individual exercise (institution dwellers) 192
 walking programmes (community dwellers) 188
- exercise intervention studies which prevented falls 178, 180–1
- exercise in groups (community dwellers) 178
 exercise in groups (transitional) 186
 individual exercise (community dwellers) 187
 individual exercise (institution dwellers) 188
- exercise interventions for older people
 balance and functional task training 204–9
 cardiovascular screening 210
 considerations for exercise prescription 220–5
 effects on falls risk factors 204
 effects on falls in residential aged care 325–7
 endurance training 214–16
 factors affecting adoption and adherence 221–2
 general exercise programmes 216–18
 level of supervision required 223–5, 224
 preferred setting 222–5
 resistance training 209–14
 self-efficacy 221–2
 support and information 221–2
 to improve physical functioning 204
 vestibular rehabilitation 218–20
- exercise interventions to prevent falls 177, 180–1, 182–3
 balance training 194
 combined training 15, 196
 endurance training 195
 flexibility training 196
 functional training 195
 group or individual (home based) 198
 prescription of exercise 196
 programme design and delivery 193
 resistance training 195
 summary of successful features 193
 Tai Chi 185–96
 target population 198
 time, duration and frequency of exercise 197
 type of exercise to include 194
 walking programmes 195
- external hazards, risk factors for falls 168–9
 external perturbations, postural stability responses 36–9
- fall, definition 3–4
- falls
 aids to prevent ‘long lies’ 285
 reporting difficulties 4–5
- falls ascertainment 4–5
- Falls Efficacy Scale (FES) 94 *see also* fear of falling
- falls injuries *see* injuries from falls
- falls prevention interventions
 community-based populations 359, 360–3, 365–7
 emergency department attendees 367, 368
 hospital inpatients 367, 369–70
 patient-centred care and choice 372
 RCTs for different at-risk populations 358–67, 368, 369–70
 research quality and comparability 367–72
 residential aged care facilities 367, 369–70
 screening versus assessment 357–8
 translating research into clinical practice 357
- falls prevention strategies
 barriers to home safety modifications 306–7
 environmental modification 300, 301–2
 environmental risk factors 300, 301–2
 home hazards reduction 300–6
 hospitals 315–21,
 hospitals (evaluation studies) 322–4
 public environments 307–8
 residential aged care facilities 324–7
 residential aged care facilities (evaluation studies) 323–7
- falls reporting by older people 240
- falls risk, identification of at-risk populations 240–1, 242–3 *see also* risk factors for falls
- falls risk assessment *see* clinical assessment of the older faller
- falls risk assessment tools 314, 314–15 *see also* Physiological Profile Assessment (PPA)
- fear of falling 16–17, 94–6
 Activities-specific Balance Confidence (ABC) Scale 94
 and risk of falls 96, 165
 definitions 94
 factors associated with 96
 Falls Efficacy Scale (FES) 94
 measurement 94–5
 post-fall syndrome 94
 prevalence 95
 ptophobia 94
 Survey of Activities and Fear of Falling in the Elderly (SAFE) 95
- flexibility training, to prevent falls 196
- floor type, and falls injury 156
- foot problems, risk of falls 118–19, 166–7
- footwear 264–74, 275
 and risk of falls 264–5, 266
 compliance issues 274, 275
 fixation to the foot 272–3
 foot orthoses potential to improve balance 273–4
 heel collar height 271
 heel height 265–7
 midsole cushioning 267–8
 midsole flaring 272
 risk factors for falls 168–9
 slip resistance of outer soles 268–71
- fractures caused by falls 15–16
- functional reach test 30–1, 34
- functional task training 204–9
 background 204–5
 effects on balance 205–7
 effects on functional abilities 207–9
 to prevent falls 195
- functional tasks
 balance assessment scales 35–6
 falls screening tests 35–6
 internal perturbations generated by 35–6

Cambridge University Press

978-0-521-68099-8 - Falls in Older People: Risk Factors and Strategies for Prevention, Second Edition

Stephen R. Lord, Catherine Sherrington, Hylton B. Menz and Jacqueline C. T. Close

Index

[More information](#)**391** **Index**

- future directions for falls research
 - balance and associated falls risk factors 380–2
 - barriers and motivators to uptake of interventions 385
 - common taxonomy for reporting 379–80
 - comparability of outcomes from trials 379–80
 - cost-effectiveness of population interventions 385
 - cross-cultural differences in falls rates 380
 - determination of best intervention strategies 384
 - development of population interventions 385
 - effectiveness and cost-benefits of applying evidence 385
 - efficacy of approaches to intervention 382–4
 - epidemiology and taxonomy 379–80
 - evaluation of falls clinics 385
 - evidence-based falls assessment tools 382
 - falls prevention as means of fracture prevention 384
 - falls prevention strategies in population subgroups 382
 - human balance and related sensorimotor systems 380–1
 - intensity and type of exercise interventions 382
 - interventions for maximizing vision 382–3
 - medication effects on balance 381
 - neuropsychological risk factors 381–2
 - optimal shoe designs 383–4
 - preventing falls in institutions 384
 - psychoactive medication withdrawal 383
 - role of vitamin D in prevention of falls 383
 - transient risk factors for falls 381
 - understanding an older person's perspective 385
- gait alterations in older people
 - falls risk 51–4
 - level walking 50–1
 - slipping responses 59–60
 - stair walking 56–8
 - stepping over and avoiding obstacles 54–6
 - tripping responses 58–9
- gait and balance problems, clinical assessment 247–9
- general exercise programmes 216–18
 - background 216
 - effects on function 217–18
- glasses *see* spectacles
- glaucoma, and risk of falls 104
- GP (general practitioner)
 - assessment of older people 240
 - clinical assessment of the older faller 241–58
 - identification of those at risk of falls 240–1, 242–3
 - reporting of falls by older people 240
- healthcare cost of falls 18–19
- hearing impairment, and risk of falls 164–5
- hip fracture caused by falling
 - consequences 15–16
 - due to drop attacks 113–14
 - in older people with dementia 109–10
- hip protectors 283–4, 325
- hip strategy, response to perturbation 37–8
- Hispanic population (US), incidence of falls 9
- history of poliomyelitis *see* prior poliomyelitis
- home hazards
 - assessment tools 151
 - barriers to safety modifications 306–7
 - environmental risk factors 300, 301–2
 - falls prevention strategies 300–6
 - reduction 300–6
 - risk factors for falls 168–9
- hospitals
 - admissions due to falls 15
 - discharge planning 321
 - environmental interventions 320–1
 - falls prevention strategies 315–21
 - falls risk assessment tools 314
 - inpatients falls prevention interventions 367, 369–70
 - incidence of falls 311–12
 - increasing awareness of falls risk 321
 - monitoring patients 318
 - nursing staff recording of falls 5
 - post-fall assessment 322
 - reducing falls injury 321
 - research evaluating falls prevention strategies 322–4
 - risk factor modification 318
 - risk factors for falls 311–12
- incidence of falls 7–14
 - after discharge from hospital 13
 - amputation patients 13
 - Asian/Pacific Islander population (US) 9
 - Black population (US) 9
 - community-dwelling older people 7–11
 - following hospitalization for medical illness 13
 - frail older people 12
 - groups at increased risk 12–14
 - Hispanic population (US) 9
 - in hospitals 12, 311–12
 - Japanese populations 9
 - Parkinson's disease patients 13
 - people with arthritis 14
 - people with cognitive impairment 13–14
 - people with dementia 13–14
 - people with diabetes 14
 - people with vestibular disorders 13
 - presentation at hospital emergency departments 12
 - rates of falls hospitalization 10–11
 - residential aged care facilities 11–12, 312–14
 - risk of subsequent falls 12
 - seasonal variations in frequency 10
 - secular trends in falls injuries 10–11
 - stroke patients 13
 - White populations 7–9
- incontinence, risk factor for falls 119, 166–7
- independence, loss after a fall 15–16, 17–18

Cambridge University Press

978-0-521-68099-8 - Falls in Older People: Risk Factors and Strategies for Prevention, Second Edition

Stephen R. Lord, Catherine Sherrington, Hylton B. Menz and Jacqueline C. T. Close

Index

[More information](#)**392** **Index**

- injuries from falls 15–16
 and environmental surface types 156
 and floor type 156
 definition of fall-related injury 5
 reducing 321
see also hip fracture caused by falling; ‘long lie’ after a fall
- intermediate-care hostels, incidence of falls 11–12
- intermittent claudication, and risk of falls 117
- internal perturbations generated by functional tasks 35–6
- Japanese populations, incidence of falls 9
- joint position sense, age-related changes 75–7
- lateral reach test 31
- leaning
 measures of falls risk 31–3
 postural stability tests 30–2, 33
- level walking
 effects of fear of falling 52–3, 54
 effects of reduced sensorimotor function 52–3, 54
 gait alterations and risk of falling 51–4
 gait alterations in older people 50–1
 head and pelvis acceleration patterns 52–3, 54
 potential for loss of balance 50
- location of falls 14, 15
- ‘long lie’ after a fall
 aids to prevent 285
 consequences 16–17
- lower-extremity muscle strength, and postural sway 28
- lower-limb muscle weakness, and risk of falls 79–80
- lower-limb osteoarthritis, Physiological Profile Assessment 346–7, 352
- macular degeneration
 Physiological Profile Assessment 345, 350
 risk of falls 105
- maximal step length test 32–4
- maximum balance range test 31–2
- medical risk factors *see* risk factors for falls
- medication review for older people 254–7
- medications linked with falls 136–43, 167–8
 ACE inhibitors 142–3
 analgesic agents 142, 143
 antidepressants 138, 139–40
 anti-hypertensives 142–3
 anti-psychotics 138, 140–1
 benzodiazepines 136–9, 383
 beta blockers 142–3
 calcium channel blockers 142–3
 cardiovascular medications 141–3
 centrally acting medications 136–41
 digoxin 141–2
 diuretics 142
 drug interactions 137, 143–4
 drugs and ageing 133, 134–5
 limitations of studies 136
 mechanisms for increased risk of falls 135
 monoamine oxidase inhibitors 138, 139–40
 narcotic analgesics 142, 143
 NSAIDs 142, 143
 optimization of prescription for older people 137, 143–4
 pharmacodynamic effects of drugs 133, 134–5
 pharmacokinetic effects of drugs 133, 134–5
 polypharmacy (multiple drug prescription) 137, 143–4
 psychotropic medications 136–41
 sedative/hypnotics 136–8, 138–9
 selective serotonin re-uptake inhibitors (SSRIs) 138, 139–40
 serotonin and noradrenaline re-uptake inhibitors (SNRIs) 138, 139–40
 tetracyclic antidepressants 138, 139–40
 tricyclic antidepressants 138, 139–40
 use of multiple psychotropic agents 137, 143–4
 vasodilators 142–3
- Meniere’s disease, risk factor for falls 113–14, 218–19
- micturition or cough syncope 250
- mobility, interaction with environmental risk factors 156–7
- monoamine oxidase inhibitors, risk of falls 138, 139–40
- multi-direction reach test 31
- multifocal glasses, risk of falls 57–8, 281–3
- multiple medication use, risk of falls 167–8
- multiple psychotropic drug use, risk of falls 137, 143–4
- muscle strength, age-related changes 79–80
- muscle synergies, responses to perturbation 37–8, 38–9
- muscle weakness, and risk of falls 79–80, 164–5
- myelopathy, and risk of falls 116–17
- narcotic analgesics 142, 143
- neurocardiogenic (vasovagal) syncope, clinical assessment 250–1
- neurological abnormalities, risk of falls 166–7
- neuromuscular factors associated with falls 164–5
- non-pharmacological therapies 255–7
- NSAIDs, risk of falls 142, 143
- nursing homes, incidence of falls 11
- obstacles
 avoiding 55–6
 stepping over 54–6
- occupational therapy *see* assistive devices
- older person, definition 5
- optimization of prescription for older people 137, 143–4
- orthostatic hypotension
 clinical assessment 250, 251
 risk of falls 111–13, 114, 166–7
- osteoarthritis, risk factor for falls 115–16
- Parkinson’s disease
 incidence of falls 13
 risk factor for falls 108–9, 166–7

393 **Index**

- patient-centred care and choice, in falls prevention interventions 372
- Performance Oriented Balance and Mobility Assessment (POMA) 35
- peripheral arterial disease, and risk of falls 117
- peripheral neuropathy, as cause of falls 75–7
- peripheral sensation
age-related changes 75–7
and postural sway 28
- peripheral sensation impairment, and risk of falls 105, 164–5
- perturbations (external), postural stability responses 36–9
- perturbations (internal), generation by functional tasks 35–6
- pharmacodynamic effects of drugs, age-related changes 133, 134–5
- pharmacokinetic effects of drugs, age-related changes 133, 134–5
- physical activity, benefits for older people 256 *see also* exercise interventions for older people
- physical restraints 285–7
alternatives to 286
- Physiological Profile Assessment (PPA) 204, 244, 357–8
components of 334–6
comprehensive version 334–5
examples in clinical groups 344, 349, 350, 351, 352, 353
individual falls risk assessment 333–4, 340, 341, 342, 343, 344
individual physiological assessment 333–4, 340, 341, 342, 343, 344
older people with diabetes mellitus 345–6, 351
older people with lower-limb osteoarthritis 346–7, 352
older people with macular degeneration 345, 350
people with a history of poliomyelitis 347–8, 353
PPA tests 334, 336, 340, 341, 342, 343, 344
prediction of falls in older people 342–4
rationale for test selection 335–6
screening version 334–5
time taken to administer 334–5
use in falls clinics 350–2
use in falls prevention trials 348–50
web-based normative database and assessment report programme 336–9, 345, 346, 347, 348
- poliomyelitis *see* prior poliomyelitis
- polypharmacy (multiple drug prescription) and appropriate prescribing 254–5, 257
risk of falls 137, 143–4, 167–8
- post-fall assessment 322
- post-fall syndrome 17–18, 94 *see also* fear of falling
- post-polio syndrome *see* prior poliomyelitis
- postural control
effects of cardiovascular problems 110–15
visual field dependence 74–5
- postural hypotension, and risk of falls 111–13, 114
- postural instability, and risk of falls 163–4
- postural stability
age-associated changes 26–7
compensation between physiological systems 81–2
definition 26
integration of physiological systems 81–2
internal perturbations generated by functional tasks 35–6
leaning 30–2, 33
response to external perturbations 36–9
sensory and musculo-skeletal interaction 26
standing 27–30
voluntary stepping 32–4
- postural stress test 37
- postural sway 27
age-related effects 27–30
as predictor of falls 28–30
measurement 28–30
- prior poliomyelitis
and risk of falls 117–18
Physiological Profile Assessment 347–8, 353
- private residences, risk factors for falls 153–5
- proprioception, age-related changes 75–7
- proprioceptive impairment, and risk of falls 105
- psychoactive medications, risk of falls 167–8, 383
- psychological risk factors for falls 165
attentional limitations 90–4
fear of falling 94–6
- psychotropic medications, risk of falls 136–41
- ptophobia 94 *see also* fear of falling
- public places
falls prevention strategies 307–8
risk factors for falls 155–6
- QuickScreen risk assessment 244–7, 248
alternate step test 245, 246–7
near tandem stand 245, 246
peripheral sensation test 245, 246
sit-to-stand test 245, 247
vision test 245, 246
- reaction time
age-related changes 81
and postural sway 28
- reaction time impairment, risk of falls 81, 164, 164–5
- research
areas of investigation vii
prospective studies 4–5
volume of research literature vii, 379
see also future directions for falls research
- residential aged care facilities
benefits of calcium supplementation 325
benefits of vitamin D supplementation 325
discharge planning 321
effects of exercise on falls 325–7
environmental interventions 320–1
falls prevention for people with impaired cognition 325
falls prevention interventions 367, 369–70
falls prevention strategies, 315–21
falls risk assessment tools 314–15

Cambridge University Press

978-0-521-68099-8 - Falls in Older People: Risk Factors and Strategies for Prevention, Second Edition

Stephen R. Lord, Catherine Sherrington, Hylton B. Menz and Jacqueline C. T. Close

Index

[More information](#)**394** **Index**

- residential aged (*cont.*)
 - incidence of falls 11–12, 312–14
 - increasing awareness of falls risk 321
 - monitoring patients 318
 - multi-faceted falls prevention programmes 324–5
 - nursing staff recording of falls 5
 - post-fall assessment 322
 - reducing falls injury 321
 - research evaluating falls prevention strategies 324–7
 - risk factor modification 318
 - risk factors for falls 155, 312–14
 - use of hip protectors 325
- resistance training 209–14
 - background 209–10
 - effects on functional abilities 211–14
 - effects on strength 210–11
 - to prevent falls 179
- restraints 285–7
 - alternatives to 286
- retirement villages, incidence of falls 12
- risk factors for falls
 - acute illness 166–7
 - alcohol consumption 162–3
 - Alzheimer's disease 109–10
 - analgesics 167–8
 - anti-inflammatory drugs 167–8
 - anti-arrhythmic medications 167–8
 - antidepressants 167–8
 - anti-hypertensive medications 167–8
 - anti-psychotics 167–8
 - arthritis 166–7
 - benzodiazepines 167–8
 - cardiovascular problems affecting postural control 110–15
 - carotid sinus hypersensitivity 113–14
 - cataracts 104
 - cerebellar disorders 109
 - cerebrovascular disease 107–8
 - cervical spondylosis 117
 - chronic conditions 166–7
 - cognitive impairment 109–10, 166–7
 - degenerative joint disease 105
 - dementia 109–10
 - depression 110, 166–7
 - diabetes 105
 - dizziness 111, 166–7
 - drop attacks 113–14
 - environmental factors 168–9
 - epilepsy 113–14
 - external hazards 168–9
 - fear of falling 165
 - foot problems 118–19, 166–7
 - footwear 168–9
 - glaucoma 104
 - hearing impairment 164–5
 - home hazards 168–9
 - incontinence 119, 166–7
 - intermittent claudication 117
 - intervention strategies 173, 174
 - macular degeneration 105
 - medical factors 166–7
 - medications linked with falls 167–8
 - Meniere's disease 113–14
 - modification of risk factors 173, 174
 - multiple medication use 167–8
 - muscle weakness 164–5
 - myelopathy 115–16
 - neurological abnormalities 166–7
 - orthostatic hypotension 111–13, 114, 166–7
 - osteoarthritis 115–16
 - Parkinson's disease 108–9, 166–7
 - peripheral arterial disease 117
 - peripheral sensation loss 105, 164–5
 - physiological impacts of disease 101–2
 - postural hypotension 111–13, 114
 - postural instability factors 163–4
 - prior poliomyelitis (post-polio syndrome) 117–18
 - psychoactive medications 167–8
 - psychological factors 165
 - reaction time 164–5
 - risk-taking behaviours 165
 - selective attention impairment 165
 - sensory and neuromuscular factors 164–5
 - socio-demographic factors 161–3
 - spectacles 57–8, 168–9, 281–3
 - stroke 107–8, 166–7
 - syncope 113–14
 - transient cerebral hypoperfusion 110–11
 - urinary incontinence 119
 - vestibular impairment 105–6, 164–5, 166–7
 - visual impairment 102–5, 164–5
 - risk-taking behaviours, and risk of falls 165
 - screening tools 357–8
 - seasonal variations in frequency of falls 10
 - sedative/hypnotics, risk of falls 136–8, 138–9
 - selective serotonin re-uptake inhibitors (SSRIs), risk of falls 138, 139–40
 - sensorimotor function
 - age-related changes 70–2
 - compensation between physiological systems 81–2
 - integration of physiological systems 81–2
 - sensory factors associated with falls 164–5
 - sensory input, impacts of diseases 102–6
 - sensory organization test 37
 - serotonin and noradrenaline re-uptake inhibitors (SNRIs), risk of falls 139–40, 138
 - sick sinus syndrome 250
 - sleep disorders management 255–7
 - slipping responses 59–60
 - socio-demographic risk factors 161–3
 - spectacles, risk factors for falls 57–8, 168–9, 281–3
 - stability *see* postural stability
 - stair walking, fall studies 56–8
 - standing
 - age-related effects on postural sway 27–30
 - components of postural stability 27

Cambridge University Press

978-0-521-68099-8 - Falls in Older People: Risk Factors and Strategies for Prevention, Second Edition

Stephen R. Lord, Catherine Sherrington, Hylton B. Menz and Jacqueline C. T. Close

Index

[More information](#)**395** **Index**

- postural sway 27
 - postural sway as predictor of falls 28–30
 - postural sway measurement 28–30
- stepping over obstacles 54–6
- stepping strategy, response to perturbation 37–8, 38–9
- stroke, risk factor for falls 107–8, 166–7
- stroke patients, incidence of falls 13
- Survey of Activities and Fear of Falling in the Elderly (SAFE) 95
- sway *see* postural sway
- syncope
 - clinical assessment 250–1
 - risk factor for falls 110–11, 113–14
- tactile sensitivity, age-related changes 75
- Tai Chi training, to prevent falls 185–6, 194
- tetracyclic antidepressants, risk of falls 138, 139–40
- time of day when falls occur 15
- Timed Up and Go Test (TUGT) 34, 35–6, 244, 357–8
- tricyclic antidepressants, risk of falls 138, 139–40
- tripping responses 58–9
- tripping risk, and antidepressants 56
- urinary incontinence, risk factor for falls 119
- vasodilators, risk of falls 142–3
- vertigo 218–19
- vestibular impairment 250
 - effect on incidence of falls 13
 - forms of 218–19
 - risk of falls 105–6, 164–5, 166–7
- vestibular rehabilitation 218–20
 - background 218–19
 - effects on dizziness 219–20
 - effects on falls risk factors 219–20
 - effects on functional abilities 219–20
- vestibular sense
 - age-related changes 77–9
 - and postural sway 28
 - impairment related to falls 77–9
 - nystagmus 78
- vestibulo-collic reflex 105–6
- vestibulo-ocular reflex 105–6, 218–19
 - age-related changes 77–9
 - impairment related to falls 77–9
- vestibulo-spinal reflex 105–6
- vibration sense, age-related changes 75
- vision
 - age-related changes 72–4, 102–4
 - depth perception and risk of falls 73, 74
 - edge-contrast sensitivity and risk of falls 73
 - importance in balance and avoiding falls 72–4
 - visual field loss and risk of falls 73–4
- visual acuity
 - and postural sway 28
 - and risk of falls 72–3
- visual field dependence, age-related changes 74–5
- visual impairment
 - and risk of falls 102–5, 164–5
 - clinical assessment 249–50
- vitamin D
 - insufficiency in older people 257–8
 - supplementation in older people 257–8, 325
- voluntary stepping
 - measures of falls risk 32–4
 - postural stability tests 32–4
- walking, potential for loss of balance 50 *see also*
 - level walking
- walking aids 275–80
 - alternatives to 280
 - indications 275
 - limitations 278–80
 - possible role in falls prevention 275
 - prescription principles 277–8
 - types of 275
- walking programmes, to prevent falls 186–8
- White populations, incidence of falls 7–9