Risk factors related to falls in elderly: a reflective study

Abstract

The objective was to know the trends of the scientific production on the risk factors of falls in the elderly. Qualitative-reflective study of descriptive character. From the careful reading of the selected articles regarding the purpose of the study, researches emphasize reasons for falls of elderly people related to different environments. It is concluded that the main risk factors that are related to falls in the elderly are the poorly adapted spaces.

Keywords: aged, accidents, accidental falls, age factors, nursing

Introduction

The frequent numbers of falls of the elderly are very relevant, thus becoming a public health concern. The fall event comes from factors that interact with each other, understood as intrinsic and extrinsic factors. It also emphasizes that the environment in which the elderly live is responsible for 40% of the falls of this social group.

According to the Brazilian Society of Geriatrics and Gerontology (2008), the fall occurs in all countries and the rate of population aging is significant, and is characterized as a serious domestic accident in the elderly, causing great impact on their health and quality of life.

With advancing age, multiple factors constitute a challenge for the elderly to live independently and with autonomy, and among them, falls. They are considered one of the most disabling and worrying geriatric syndromes, since a single event can have repercussions in the social, economic and health sphere.

Fall is defined as unintentional contact with the support surface, resulting from the individual’s changing position to a level lower than their initial position, without there being an intrinsic determining factor or an unavoidable accident.

Fall is an event of multifactorial etiology, which may involve the interaction between the various risk factors. Among these factors, the scientific literature has described as the main ones: female sex; advanced age; dizziness; consumption of varied medications of continuous use; cognitive decline; presence of chronic diseases; worse physical performance; history of falls; environments with slippery surfaces and insufficient lighting.

In view of the above, the present study has as guiding question: What are the trends of scientific production on the risk factors for falls in the elderly? This study is also justified by the need for greater exploration of the proposed theme. As well, to generate new scientific knowledge for the academic community.

Method

This is a narrative, reflective, descriptive review of a qualitative approach. The study was conducted in May 2018, without temporal cut-off, using the EBSCO Database. The descriptors used were: Aged. Accidents. Accidental Falls. Age Factors. Nursing. As inclusion criteria, original articles were used that included the theme about falls in the elderly. And as exclusion criteria: review studies, experience reports, reflection studies, theses and dissertations, manuals, case studies, updating and articles that were not available in full.

The search made it possible to locate 22 (twenty two) publications on the subject, where 15 (fifteen) original articles were included in the study, three of which were a review study and two that did not agree with the theme chosen. The present study took place in six stages. The first step was to delimit the descriptors.

The second step occurred in the choice of the Database. In the third one, the abstracts were read and the key words were identified, being the criteria of inclusion and exclusion of the publications found in the search. The fourth step was to salvage the scientific articles selected for the study. In the fifth and last stage, the articles were analyzed in detail, analyzing the main research results and in the sixth stage the description of the content itself.

Results and discussion

From a careful reading of the selected articles regarding the objective of the study, research emphasizes the reasons for falls of the elderly related to the environment (extrinsic factors) and factors related to the aging process, lifestyle, understood as intrinsic.

It is also important to see that falls are very frequent in the elderly, thus indicating a health problem at this age where serious injuries can occur impacting their quality of life with this event.

The occurrence of these falls involves a lot of environmental factors, such as inside the houses themselves, where it may be the
type of floor of the house, the presence of rugs, excess furniture that makes it difficult to move around the house, poorly lit environments, lack of anti-skidding, presence of steps, sliding during bathing and sitting/lifting of toilet.7

The factors of environmental falls offer greater risk, since they are related to structures that the elderly surround in irregular surfaces, often being wet and slippery added to the use of carpets, with differences that favor the imbalance and consequently event of the fall.3

The home environment is where the most falls occur in the elderly, prevailing in them the feeling of fear of falling, as they know that there may be physical damage such as dislocations, muscle aches and even fractures, they often only perform some daily activities, making them more easily fall victim.8–10

There are several risk factors for intrinsic conditions that may be related to falls in the elderly. It is possible to verify that the main risks of falls are related to sedentary lifestyle, medication use, vision problems, hearing problems, gait impairment and BMI inadequacy.11,12

The fragility syndrome has a close relationship with falls, since it is related to the energetic, physiological and functional dysregulation of the organism of the elderly. It is very important to emphasize that the elderly need to have someone to take care of them daily and to keep them company so they do not feel so lonely during their aging.13–15

Conclusion

Through this study it was possible to highlight the main risk factors that are related to falls in the elderly. It is important to understand the event of the fall in the elderly to assist and elaborate in a multidisciplinary and interdisciplinary way health promotion and prevention measures in order to preserve the quality of life of this life cycle.

It is important to emphasize that during home visits the health professional is able to recognize and intervene in situations of risk that are present in the home of the elderly. Likewise, in elderly groups, nurses can act dynamically through continuing health education, informing all risk factors for falls as a means of preventing these events that may interfere with the health of the elderly.

In this way, it is up to the Nurse and other professionals to create preventive measures for an environment that brings security to the elderly being by means of guidance for both the elderly and the family caregiver on non-slip floors, adequate lighting and clothing, adequate footwear, obstacle-free aisles, adapted handrails and use of adapted ramps.

Acknowledgements

None.

Conflict of interest

Author declares that there is no conflict of interest.

References

1. Lima D, Jamilton AF, Aurilene JC, et al. Music as a therapeutic assistant: strategy to reduce work stress. *International Archives of Medicine*. 2017;10:1755–7682.
2. Sociedade brasileira de geriatria e gerontologia. quedas em idosos: prevenção. 2008.
3. Souza MC, Alany Bezerra RA, Dereck SL, et al. The treatment of alzheimer in the context of musicotherapy. *International Archives of Medicine*. 2017;10:1755–7682.
4. Durao FA. Reflexões sobre a metodologia de pesquisa nos estudos literários. *DELTA*. 2015;31:377–390.
5. Souza MC et al. Male Doula, Why Not?. *International Archives of Medicine*. 2017;(9):1755–7682.
6. Coimbra VLM, Ermelinda MBGM, Cristina ALR, et al. Community Intervention in elderly population: a fall prevention Project. *International Archives of Medicine*. 2018;(11):1755–7682.
7. Costa AGS, Souza RC, Vitor AF, et al. Acidentes por quedas em um grupo específico de idosos. *Rev Eletr Enf*. 2011;13(3):395–404.
8. Machado TT, Oliveira CJ, Costa FBC, et al. Avaliação da presença de risco para queda em idosos. *Rev Eletr Enf*. 2009;11(1):32–8.
9. Baixinho CRSL, Dixe MACR. Monitoramento de episódios de quedas em instituição para idosos. *Rev Eletr Enf*. 2014;16(1):28–34.
10. Barbosa KTL, Rodrigues MMD, Fernandes MGM, et al. Caracterização das quedas referidas por idosos. *Revista Baiana de Enfermagem*. 2014;28(2):168–175.
11. Oliveira AS, Fernandes PT, Trindade BML, et al. Fatores ambientais e risco de quedas em idosos: revisão sistemática. *Revista Brasileira de Gerontologia e Geriatria-Rio de Janeiro*. 2014;17(3):637.
12. Ramos CV, Santhos SSC, Edison LDB, et al. Quedas em idosos de dois serviços de pronto atendimento do rio grande do sul. *Rev Eletr Enf*. 2011;13(4):703–13.
13. Sousa JAV. Síndrome da fragilidade e risco para quedas em idosos: um estudo descritivo. *Online braz j nurs*. 2015.
14. Cartaxo GAAJ, Cesar CS, Mauricio CS, et al. Incarcerated health: profile of the multidisciplinary team provider of health assistance in prisons. *International Archives of Medicine*. 2017;10.
15. Lima DS, et al. Music as a therapeutic assistant: strategy to reduce work stress. *International Archives of Medicine*. 2017;1755–7682.