Research Highlight: Tackling fear of falling through a peer sharing strategy - Dr Cathy Bailey

A large Irish research programme: Technology Research for Independent Living (TRIL [1]) worked closely with a fallers’ expert panel of 7 older people (aged 70-84 yrs) to produce a series of short audio visual discussion programmes on falling and fear of falling. These added to daily broadcasts that featured within a TRIL pilot study, exploring use of home based advanced telephone technology to ameliorate social isolation (Wherton and Prendergast 2009 [2]).

There were conflicting views about ambulatory aids (walking stick, walking frame), these referred to as either liberating or stigmatizing. There was animated discussion about the reactions of other people to falling. There was ambivalence about confiding in the family. The expert panel strongly articulated ‘slowing down’ as an intervention that everyone speaks of, from health professionals to family and friends. This can cause resentment, a feeling that the older person is to blame for the falls. Some members spoke of not being fallers, rather they ‘trip’ or ‘stumble’; or not just a faller. Earlier TRIL research supports this lay experience (Romero-Ortuno et al. 2009 [3]).

A discussion about the embarrassment of falling in public led to reflections on intergenerational vulnerability to falling. The panel strongly agreed that falls prevention needs to be a societal as well as a personal responsibility. The panel agreed four topics that they felt would provide useful discussion points for thinking through strategies to deal with falls and fear of falling: falling and ageism (intergenerational aspects of falls); home modifications and maintenance; keeping physically active and coping strategies. They also noted that ageism surrounding falling needed to be addressed.

ProFaNE’s recommendations include: promoting benefits that fit with a positive self-identity and utilizing a variety of forms of social encouragement to engage older people. Our strategy engaged older adults in falls related discussions over a period of time and from within a community of interest that was free from familial and professional ‘ties’. Peer group sharing seemed to be both a way of opening up the silence surrounding falls incidences and of placing falls within the wider context of every day life and intergenerational experiences. Peer learning and sharing may compliment falls and fear of falling prevention strategies.

Thank you to all participants for their time and energy. Also Karen King, Ben Dromey, Ciaran Wynne, Dr Lisa Cogan and Dr Cormac Sheehan, facilitators and all TRIL staff who contributed. Special thanks to Dr. Cliodhna ni Scanaill, Health Research Technologist, Falls Co-Principal Investigator, TRIL Digital Health Group, Intel Ireland; Dr. Simon Roberts, Ethnography Co-Principal Investigator, Digital Health Group, Intel Ireland and Dr Mimi Fan, former TRIL Clinical Director

List of resources: