JOURNAL CLUB

Prediction of Falls in Older Adults With Cancer: A Preliminary Study

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. What proportion of our usual clientele can be considered geriatric?
2. What assessment do we perform to determine a patient's fall risk in the hospital? In his or her home?
3. By understanding some of the variables that might be associated with increased incidence of falls, what precautions should we take on our unit?
4. To what extent do our discharge planning and patient education include information for older adults regarding fall prevention?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To determine the extent to which falls occur in older adult patients with cancer; to identify how falls relate to depression, age, functional status, and cognition; and to develop a model for predicting falls.

Design: Descriptive, prospective, quantitative.

Setting: Patients in the Senior Adult Oncology Program at the H. Lee Moffitt Cancer Center and Research Institute.

Sample: 165 patients aged 70 years or older with any diagnosis of cancer, treatment type, and stage.

Methods: Data were collected during a one-time interview using a comprehensive geriatric assessment consisting of the Instrumental Activities of Daily Living (IADL) Scale, Activities of Daily Living (ADL) Scale, Geriatric Depression Scale, Mini-Mental State Examination, and a fall assessment.

Main Research Variables: Falls, functional status, depression, cognition, age, and gender.

Findings: IADL scores were found to be a predictor of falls while controlling for age and ADL status. An IADL score of 22 predicts a 21% risk of a fall. Fall risk increases to 81% at an IADL score of 9.

Conclusions: IADL score is a predictor of falls in this older adult population with cancer. ADL scores are not a predictor of falls when IADL is included in the model.

Implications for Nursing: Nurses must play a vital role in conducting fall screening and risk assessments for older adults with cancer.

Key Points . . .

➤ Functional status as measured by the Instrumental Activities of Daily Living Scale is predictive of falls.

➤ Depression, cognition, and functional status correlate with falls.

➤ Nurses should conduct comprehensive assessments that include functional status, fall occurrence, depression, and cognitive status to enhance the care of older adults with cancer.

associated symptoms (anemia and fatigue), impairment of functional status, and general deconditioning (Holley, 2002; Kurtz, Kurtz, Given, & Given, 1993; Kurtz, Kurtz, Stommel, Given, & Given, 1999). Little research has been conducted in the area of falls and older adults with cancer. The purpose of the current research was to explore the frequency of falls that occurred in community-dwelling older adults diagnosed with cancer and how those falls related to scores on a comprehensive geriatric assessment (CGA) consisting of depression, age, functional status, and cognition screening instruments.

During a 12-month follow-up study, researchers found that 40% of community-dwelling adults aged 70 years or older had experienced a fall (Hausdorff, Rios, & Edelberg, 2001). Older adults with cancer may have additional issues that can precipitate a fall, such as cancer treatment-

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