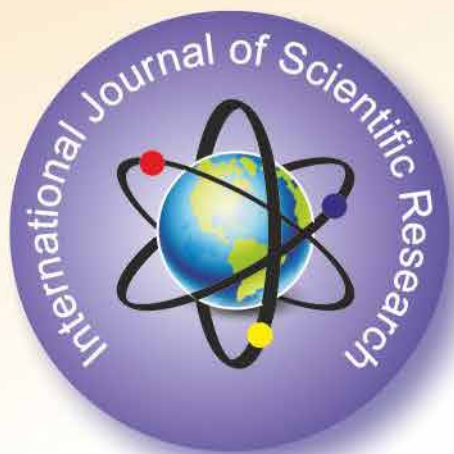


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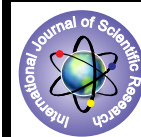
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Modified Falls Behavioral Scale for Indian Community Dwelling Older Adults



Medical Science

KEYWORDS : Geriatrics, Falls

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ABSTRACT

In the absence of culturally relevant measurement tool to assess behavior factors leading to fall in Indian older adults, this study aims to develop an objective measure to assess behavioral factors leading to fall by modifying the existing Falls Behavioral Scale for Australian older adults and establish its content and construct validity. METHOD: Following interviews with older adults, the existing scale was modified for language and relevant items. The 30-item preliminary scale thus developed was sent to experts for content validation, following which five items were added. For the field trial, 193 older adults were assessed with the 35 items Modified Falls Behavioral Scale, the Berg Balance Scale, and physical functioning component of SF-36. RESULTS: Following factor analysis, one item was eliminated, the items were reloaded to different dimensions and one new dimension "Anticipatory Strategies" was introduced. The final 34-item scale was positively associated with history of fall in last one year ($r = 0.021$, $p < .005$) and age of the older adults ($r = 0.26$, $p < .001$). The scale also had significant negative correlation with Berg Balance Scale ($r = -.4$, $p < .001$), number of times an older adult went out in last one month ($r = -0.031$, $p < .001$), and SF 36 Physical Functioning ($r = -.18$, $p = .01$). CONCLUSION: In the present study, a 34-item Modified Falls Behavioral Scale was developed to assess fall behaviors in Indian older adults, and its content validity and construct validity is established.

Introduction:

A fall is often defined as "inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects (WHO, 2007). Falls among elderly remain an ever increasing problem worldwide, and also in India.

The consequences of falls range from physical (fractures, various medical problems), social (isolation), economic (medical expenses), functional (limitation of activities) and psychological (Legters, 2002). Falling is a major cause of morbidity (Clemson et al, 2003). It is the leading cause of unintentional injuries and deaths among old aged people aged 65 years and above. In 2005, nearly 16,000 fall related deaths in U.S and more than 1.8 million non-fatal injuries are reported in older adults (CDC, 2008).

Thus, considering the devastating consequences of fall in older adults it is important to identify the risk factors for falls. Falls in older adults are associated with multiple risk factors and increase with a rise in the number of risk factors (Dite, 2002). According to the WHO global report (2007), risk factors for falls are categorized into four dimensions - Biological, Behavioral and Environmental and Socioeconomic factors.

While the biological, environmental and socioeconomic consequences of falls are relatively easily measured, the behavioral factors leading to falls in elderly are insidious and difficult to quantify. Thus addressing behavioral risk factors to falls in elderly is crucial for fall prevention.

Behavioral risk factors to falls in elderly

"Behavior can be described as habitual behaviors and intentional behaviors. Habitual behaviors are automatic cognitive processes; Intentional behaviors are behaviors that are controlled by cognitive processes which require reflection, intention and planning (Shiffrin & Schneider, 1977).

Clemson et al. (2003) identified patterns of environmental - behavioral factors related to fall events such as failing to avoid temporary hazards, excessive attention to other aspects of surroundings or other intentions rather than paying attention to the route ahead, and habitual and inappropriate environmental use. These behavioral factors need to be identified, evaluated and addressed for effective fall prevention. Thus a behavioral assessment would be a useful tool to raise awareness for the occupational therapist and the older person of the kinds of subtle, everyday habitual or intentional behaviors that occur and predispose them to falls.

Statement of the Problem

Clemson et al. (2003) developed the Falls Behavioral Scale (FaB) for older people to address behavioral factors associated with falling. The development of this tool was substantially from English speaking western culture & the appropriateness of using this tool cross culturally has not been tested.

Research has indicated that standardized evaluations may not be valid when they are used to evaluate persons from a cultural group other than the one in which the evaluation was standardized (Cermak & Kartz, 1995). In the existing measure (FaB), there is a component like- "I got out on windy days", that may not be relevant to Indian older adults. Moreover, language differences pose a big hurdle in the use of such scales (Parry et al 2001). The Western English may not be appropriate to English of Indian standard as meaning of words may differ and may be difficult to understand. Thus the language and inappropriate components of the current FaB scale are barriers to applicable in Indian context. So there is a need to develop a scale applicable to Indian context.

Aim of the study

To modify the Falls Behavioral Scale and to develop an objective measure that evaluates behavioral factors associated with falls in Indian community dwelling older adults.

Objectives of the study

1. To establish content validity of the scale with the experts.
2. To establish construct validity of the scale.

The study was approved by the

Institutional Ethics Committee (IEC-399/2011), Kasturba Hospital, Manipal University, Manipal.

The study design was a methodological study. The study was done in three phases.

Phase I: Modifying the existing Falls Behavioral Scale through Item Generation

To obtain information regarding the risk behaviors associated with falling in a day to day life, 45 Indian older adults were interviewed using a semi-structured format. In addition to this, the available literature on behavioral risk factors to falls in elderly and the existing tool - Falls Behavioral Scale contents were reviewed. Based on these, new items relevant to Indian context were formulated.

Phase II: Content validation and finalization of Modified Falls Behavioral Scale Content validity of the scale was established by reviewing its components with four senior occupational therapists who were experienced in the particular field for both content and language and two other health care professionals for English language efficiency after getting consent from them.

After reviewing with the expert's opinions, suggestions found relevant to the study objectives were considered, following which items existing in the

30-item scale were modified in terms of language and 5 new items were added.

Based on expert's opinion, a four point likert scale Never, Sometimes, Often, Always was used. In addition to that "Does not apply" option was given to all the 35 items in the Modified Falls Behavioral Scale.

Phase III: Field trial

A cross-sectional study design was used. The sample size was estimated to be 150 Indian community dwelling older adults. The study participants were selected based on convenient sampling method and were recruited in and around Udupi district, Karnataka. Potential participants were explained the study objectives and informed consent was obtained from participants meeting the study selection criteria. The individuals were included in this study if they were, Indian community dwelling older adults, able to hear when the administrator speaks in a normal voice from a distance of one meter with / without hearing aid, able to understand and follow simple oral instructions able to read and comprehend statements in English, and Ambulant with/ without the use of walking aid. The individuals were excluded if they were, home bound older adults, institutionalized and wheel chair bound older adults. Participants who met the selection criteria were then assessed using the study tools.

Tools used

- The RAND 36-Item Short Form

Health Survey

- (SF - 36)-Physical Functioning

Component, Berg Balance Scale

- Falls Behavioral Scale

Procedure for data collection

A total of 193 older adults who were meeting the selection criteria were participated in the study. They were asked for demographic details. Any other medical problems and medications taken were also noted. Use of walking aid - a cane or walker or any other was recorded. A detailed history of fall(s) was noted, followed by administration of Physical Functioning (3 to 12) component of RAND 36-Item Short Form Health Survey (SF-36) to know about the general physical and mobility status of the respondent. BBS was administered followed by administration of Modified Falls Behavioral scale.

Results

A total of 193 older adults (170 men and 23 women) who met the study criteria were interviewed with the final version of Modified Falls Behavioral Scale comprising of 35 items. The mean age of the study participants was 69.36 ± 7.5 years. With respect to type of dwelling, of the 193 study participants, 158 (81.8%) participants were staying in ground floor and 35 (18.1%) were staying in first floor and above. For the duration of one month prior to the interview, the older adults in the present study had gone outdoors for 24.49 ± 7.84 days on an average. Of the 193 study participants, Nine (4.6%) used mobility aids and 56 (28.57%) reported of fear of falling.

Relationship of Modified Falls Behavioral Scale to Falls and Fall Risk

The mean score of the 34-item Modified Falls Behavioral Scale of the older adults in the present study was $M = 94.71$, $SD = 19.530$. The minimum and the maximum value obtained in the

Modified Falls Behavioral Scale was 46 and 126 respectively.

There was a significant negative correlation between Modified Falls Behavioral Scale and the number of times an older adult has went out in the last one month ($r = -0.031$, $p < .001$). A significant positive correlation was found between Modified Falls Behavioral Scale and history of fall in the last one year ($r = 0.021$, $p < .005$) and age of the older adults ($r = 0.26$, $p < .001$). A significant negative correlation was found between Modified Falls Behavioral Scale and Berg Balance scale ($r = -.4$, $p < .001$). Similarly, a significant negative correlation was found between SF 36 Physical Functioning and Modified Falls Behavioral Scale ($r = -.18$, $p = .01$). which is consistent with the original Falls Behavioral Scale

The mean value of Berg Balance

Scale of the older adults was $M = 46.80$, $SD = 4.844$. The minimum and maximum value obtained for the same was 38 and 56 respectively. The mean of SF-36

Physical Functioning Component were

$M = 26.09$, $SD = 2.618$.

The mean score on the Modified Falls Behavioral Scale of older adults at no risk of fall (45 and above on BBS) was $M = 91.08$, $SD = 17.712$ and the mean score of older adults at risk of fall (44 and below on BBS) was $M = 103.16$, $SD = 21.059$. The older adults at no risk of fall had significantly ($p < .001$) low Modified Falls Behavioral Scale score as compared to the older adults at risk of fall.

Discussion

The original Fall Behavioral Scale was developed for the Australian older adults. During the process of item generation and content validation of the Falls Behavioral Scale for Indian older adults, language was identified as a big hindrance to the use of the original scale. Although the original scale was in English language, Indian older adults appeared to have difficulty in understanding Australian English language.

Following factor analysis, one item was removed due to low factor loading. This could be attributed to difficulty of comprehension of this item by older adults. The current study explored the behavioral risk factors in ten dimensions as with the original study. Based on factor analysis, the items were reloaded to different dimensions depending on the items loading coefficient. Also, following factor loading, nine dimensions were retained, and one new dimension "Anticipatory Strategies" was introduced.

Thus, the 34-item Modified Falls Behavioral Scale was developed to assess fall behaviors in Indian older adults, wherein a higher score indicates safe behaviors. In addition, the construct validity was supported by showing that Modified Falls Behavioral Scale scores were positively associated with advancing age, previous history of fall and negatively associated with greater physical mobility leaving home more often in the past one month and with functional balance.

Modified Falls Behavioral Scale in relation to falls and fall risk Older age and history of fall are known risk factors of fall in elderly (Tinetti, 1988). Similar results have been reported in Indian older adults (Shanthi & Krishnaswamy, 2005; D'souza et.al, 2008). The present study suggests that older adults who had a history of fall used safe behaviors. The experience of falls and its consequences may have increased the older adult's awareness and facilitated the use of safe behaviors.

Also, with increase in age, safe behaviors increased. With advancing age, due to the decline in physical strength and balance abilities, older adults take more care to prevent falls by adopting safe behaviors.

Strengths and Limitations of the study

The strength of the study lies in the procedure for item generation, content validity and sample size for developing the scale.

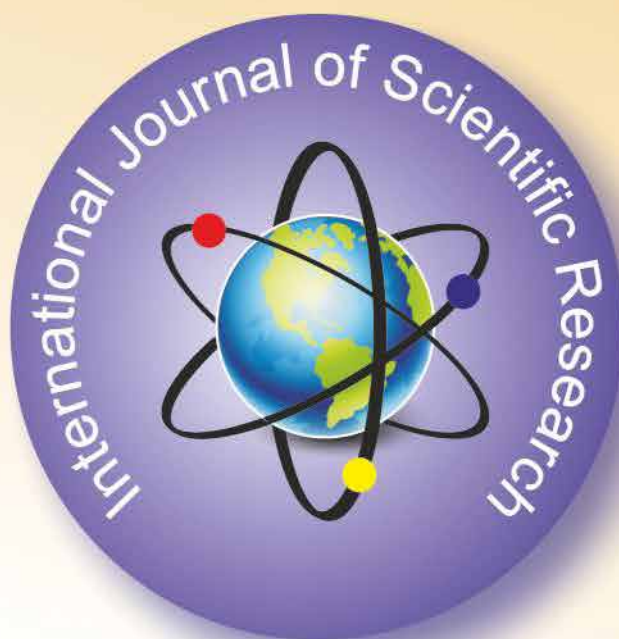
For item generation older adults were interviewed for the problems they perceived with the original scale and also their suggestions. This process helped to identify the problem areas, and make necessary modifications and also add new items relevant to the Indian context. To establish the content validity of the Modified Falls Behavioral Scale, experts' opinion was taken, which included senior occupational therapists and other health care professional.

Conclusion

In the present study, a 34-item Modified Falls Behavioral Scale was developed to assess fall behaviors in Indian older adults. The study also established the content validity and construct validity of the Modified Falls Behavioral Scale. Safe fall behaviors are associated with increased age, fall history, reduced balance abilities and decreased physical mobility.

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