Risk factors for falls in older persons with cancer: a multicenter study

Introduction

Falls in older persons
- 70-plus: 32-42% fall at least once a year
- Negative consequences physical, psychosocial and financial level

Falls in older persons with cancer
- Incidence of self-reported falls up to 31,5% in 12 months
- Addition of specific disease-related factors

Falls in frail older persons with cancer
- Frailty: sensitive to stressors and increases the risk of negative health outcomes (including falls)
- Frailty + cancer -> additional risk

Aim of the study
1. Incidence of falls in frail older persons with cancer
2. Identify fall predictors during follow-up

Methods and patients
Secondary data analysis of a Belgian prospective multicenter observational study (n=22)

Inclusion criteria:
- Older persons with cancer ≥70 years upon oncologic treatment decision
- G8 screening tool (≤14/17)

Results

Flow-chart

Abnormal G8 + GA + Falls history data available
N= 5907

Falls in past 12 months
N=2141 (37.2%)

Falls data FU available
N= 3681

Falls
N=769 (20.9%)

Falls recurrently
N=289 (37.6%)

Univariable predictors for falls

<table>
<thead>
<tr>
<th>Covariate</th>
<th>Total population Col % (n=3,681)</th>
<th>Non fallers Row % (n=2,912)</th>
<th>Fallers Row% (n=769)</th>
<th>P-value Non- fallers vs fallers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall history</td>
<td>No fall</td>
<td>2,400 (65.2%)</td>
<td>2,039 (85.0%)</td>
<td>361 (15.0%)</td>
</tr>
<tr>
<td></td>
<td>Falls</td>
<td>1,281 (34.8%)</td>
<td>873 (68.1%)</td>
<td>408 (31.9%)</td>
</tr>
<tr>
<td>Fear of falls</td>
<td>No fear</td>
<td>2027 (65.2%)</td>
<td>1664 (82.1%)</td>
<td>363 (17.9%)</td>
</tr>
<tr>
<td></td>
<td>Fear</td>
<td>1637 (34.8%)</td>
<td>1233 (75.3%)</td>
<td>404 (24.7%)</td>
</tr>
</tbody>
</table>

Multivariable predictors for falls (≥1 fall) during follow-up

- No falls history vs. Falls history present
- Normal cognition vs. cognitive decline
- Independent (ADL) vs. dependent (ADL)
- Female vs. male
- No fear of falls vs. fear of falls
- No use for professional homecare vs. use of professional homecare
- No depression vs. depression
Incidence rate of falls history in the past 12 month seems slightly higher in frail older persons with cancer.

There was a significantly higher risk of falling when a fall history and fear of falling were present at baseline.

Geriatric screening and assessment helps identify patients at risk for falling.

Fall history, cognitive decline, ADL dependency, use of professional homecare, fear of falling and depression should be considered as important predictors.

Patients at risk should be advised further interventions and recommendations to prevent falls and fall related injuries.