

# Practicing Senior Safety Tips Keeps Preventable Falls Away from You (Chapter 1)

## 防跌耆妙法，路遙皆可達 (第一章)

### 1. Falls in Older People

老年人跌倒

"Population ageing is a triumph of humanity but also a challenge to society".

「人口越趨老齡化，對人類來說代表維持健康的成功，卻會對社會造成挑戰。」

Falls and imbalance occur commonly in older people.

跌倒和失平衡經常出現在老年人身上。

Falls are commonly defined as “inadvertently coming to rest on the ground, or other lower level, excluding intentional change in position to rest in furniture, wall or other objects”.

跌倒普遍被定義為「身體之一部份非故意或意外而跌落於較低水平面或是低處，但不包括故意轉換身體位置而坐在傢俱、倚在牆壁或其他物體上休息」。

Falls are the number one cause of geriatric trauma.

跌倒是老年創傷的頭號原因。

It injures many seniors each year.

每年有很多長者都是因為跌倒而受傷。

Fall-related injuries are more common among older persons, from hip to head injuries.

跌倒相關的傷害常見老年人中，由臀部至頭部不等。

Falls can cause disability, loss of independence, build fear and disrupt life.

跌倒也會引致殘障、失去獨立自主的生活能力、引起恐懼、影響到日常生活等。

It is indeed one of the ‘giants’ in geriatric medicine.

跌倒確實是老年醫學上的一大問題。

On the other hand, the incidence of falls in older people has always been a great concern to administrators of hospitals and Aged Care Homes.

另一方面，醫院和護老院的管理人員總是非常關注長者的跌倒發生率。

Yet, their concerns have posed much work pressure on staff who need to take care of these older people who are all at risk of falls.

然而這些關注會為負責照顧長者的員工帶來莫大的工作壓力，因為他們所照顧的對象全部都有跌倒的風險。

It has also bring forth a controversial falls prevention technique such as the use of physical restraint.

這問題同時也帶出了不少具爭議性的防跌措施，例如使用約束物等。

## 2. Is Falling in Older People Worth Our Attention?

長者跌倒問題值得我們去關注嗎？

According to the World Health Organization, approximately 28 to 35% of people aged 65 and over fall each year, and increasing to 32 to 42% for those over 70 years of age.

世界衛生組織的數據顯示，每年有約 28-35% 的 65 歲或以上長者跌倒，到 70 歲以上的比例則增加至 32-42%。

The increase of falls and fall injury is substantial and at an alarming rate.

跌倒和受傷人數的增幅非常顯注，而且速度驚人。

Despite the frequency of falls increases with age and frailty level, we need to rectify a misperception that falling is a normal part of aging.

儘管跌倒的頻密度會隨著年齡和長者衰弱程度而上升，但我們必須糾正一個誤解是，跌倒是年老的一個正常的現象。

In fact, falls are a major threat to the health and independence of older adults.

事實上，跌倒會對長者的健康和獨立構成一個重大的威脅。

In Hong Kong, the prevalence in the older adults of having at least one fall in the preceding 12 months is between 18% and 19.3%, with 75.2% sustaining injuries and 7.2% having a serious injury.

在香港，曾經在過去 12 個月間跌倒過至少一次的長者比例為 18-19.3% 之間，當中 75.2% 有損傷，而 7.2% 有嚴重受傷。

Falls and consequent injuries are major public health problems that often require medical attention.

跌倒及相關傷害是公共衛生的重大問題，通常都需要醫療照料護理。

Those who fall would have significantly more hospitalizations and clinic visits, as well as accident and emergency department visits than those who do not.

跌倒者相對沒有跌倒的人，往往有更多住院和看醫生的需要，以及更多到訪急症室。

Another bigger issue is the major underlying causes for fall-related hospital admission are hip fracture, traumatic brain injuries and upper limb injuries.


另一個更大的問題因跌倒而需要住院的背後原因，包括髖骨骨折、創傷性腦損傷、上身肢體受傷等。

Subsequently to falls, 20% of the older adults die within a year of the hip fracture.

在跌倒以後有髖骨骨折的長者，20% 一年內死亡。

Furthermore, fall is a predictor for decreased functional state and risk factor for institutionalization.

此外，跌倒是身體機能狀況下降的指標，也是引致入住長期照護機構的風險因素。

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Falls prevention is a challenge to population ageing.

預防跌倒是人口老齡化的一個挑戰。

It is a challenge for healthcare professionals and care providers, as they need to attend seniors who are at risk of falling.

同樣對醫護專業人員和照顧者亦然，因為他們需要照料有跌倒風險的長者。

Unless we make a serious commitment to providing effective fall prevention programs, falls will increase as people are living longer.

除非我們致力承諾提供有效的防跌措施，否則隨著人均壽命的增長，跌倒個案也會跟隨著上升。

However, the management of falls had usually been focused on the treatment of the aftermath, such as fractures or head injuries.

現時對於處理跌倒，大多數的側重點在於跌倒後受傷的治療，如骨折或頭部受傷等。

Digging into the root cause of a fall was often underestimated.

然而對於深入找出為何會導致跌倒的根本原因，卻往往被忽略。

Therefore, understanding the risk factors of falls should be considered as the first step in fall prevention.

因此，對於防跌的第一步，應該先了解跌倒的風險因子。

While a single fall is not always a sign of a major problem, it is something to be mindful of.

當單一的跌倒個案不一定代表重大的問題時，我們也應該多加注意。

### 3. Conducting A Multifactorial Falls Risk Assessment

進行多重因子跌倒風險的評估

A history of falls in the past year is the single most important risk factor for falls, and is a predictor of further falls.

跌倒的過去病史，是最重要的風險因子，也可以用來預測長者再次跌倒的風險。

Even though age by itself is an important risk factor, falls in the older people are often due to the interaction of multiple risk factors.

雖然年齡本身是一個重要的風險因素，但長者跌倒往往由於不同的因素的互動所致。

Older adults are particularly prone to falls due to neuromuscular degeneration, slow reaction, unstable gait, and poor balance.


長者尤其容易跌倒的原因，包括神經肌肉退化、反應緩慢、步履不穩、平衡力差等。

It is easy to fall when getting up especially after sitting for long periods of time.

在長期坐著後站起來也令他們容易跌倒。

The main cause may be postural hypotension, dizziness, blurred vision, or poor balance when standing, unstable center of gravity.

意外的主因可能是體位性低血壓、眩暈、視力模糊，或是站立時失去平衡，重心不穩等。

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Besides, if there are stroke, cardiovascular and other medical conditions, or the use of sleeping sedatives, these are all related factors that contribute to falls.

此外，如果有中風、心血管或其他疾病影響，或正在服用安眠藥，這些都會引致跌倒的相關因子。

A short-term illness, such as a flu, infection, or recovering from surgery, can also temporarily increase the risk of falling.

患有短期疾病如感冒，或正在手術後康復期間，也可能短暫提高跌倒的風險。

Hence, falls occur as a result of a complex interaction of risk factors.

因此，跌倒是出於一系列風險因子的複雜交互所致。

Instead of simply using a fall risk prediction tool to calculate the level of risk of fall, healthcare profession should take a priority to conduct an assessment with multiple components that aims to identify an older person's risk factors for falling.

與其單純地使用跌倒風險預測工具來計算長者跌倒的風險的高低，醫護人員應進行更全面的評估，透過多重因子的評估找出長者跌倒的風險。

It is because a single score from the prediction tool will not tell the cues to the interventions.

這是因為預測工具中的單個分數不能反映介入的線索。

#### 4. Multifactorial Falls Risk Assessment

##### 多重因子跌倒風險的評估

According to the National Institute for Health and Care Excellence (NICE), multifactorial falls risk assessment is one of the quality standards to fall prevention that healthcare professionals need to draw attention.


根據英國國家健康和臨床醫療研究所指出，多重因子的評估跌倒，是預防跌倒的優質標準之一，醫護人員應該多加引用。

It is recommended all people 65 or older should be asked about falls when they have routine assessments and reviews with healthcare or social care practitioners.

建議所有 65 歲或以上的長者，應該在作定期身體檢查時，與醫護或照顧人員一同檢視跌倒的情況。

When older people present for medical attention because of a fall, it provides healthcare practitioner a good opportunity to begin the process of undertaking a multifactorial falls risk assessment.

當長者因為跌倒而要去看醫生時，是醫護人員的最好時機，為長者進行多重因子的評估跌倒。

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A multifactorial falls risk assessment is more relevant to look into the root cause(s) of a senior falls. The assessment is recommended to include:

多重因子的跌倒風險評估更為著重尋找長者跌倒的根本原因，建議包括以下各項：


- identification of falls history in the past year  
確認過去一年有否跌倒記錄
- gait, balance and mobility, strength and muscle weakness  
步履、平衡、活動能力，體力和肌力
- osteoporosis risk  
骨質疏鬆症風險
- fracture risk  
骨折風險
- perceived functional ability and fear relating to falling  
感知活動能力和害怕跌倒
- visual impairment  
視力受損
- cognitive impairment and neurological examination  
認知障礙和神經系統檢查
- urinary incontinence  
小便失禁
- home hazards  
家居危機
- cardiovascular examination and medication review  
心血管檢查與藥物評估

Indeed, the multifactorial falls risk assessment can give a good starting point for lowering the chance of falling.

多重因子的跌倒風險評估確實是一個好的開始，去減低長者跌倒的機會。

It will show if there is anything that might make the senior more likely to fall, and whether there are things that can be done to prevent this.

評估會顯示，有那些因素會令長者容易跌倒，以及做些甚麼可以防止這情況發生。

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## 5. Multifactorial Intervention is the Key to Reducing the Chances of Falls

多重因素的介入方式可有效減低跌倒的機會

A solution to fits all falls does not work to prevent another fall event of the older person.  
單一可以解決所有跌倒問題的方案似乎並不可行，不能防止長者避免下一次跌倒。

As it has been mentioned, falls are complex events that are caused by a combination of intrinsic impairments and disabilities which are often compounded by a variety of environmental hazards.  
如之前所描述，跌倒發生的原因相當複雜，由綜合內在身體功能衰退和障礙所導致，很多時候更會由不同的環境危機令情況惡化。

A subsequent multifactorial intervention to promptly address the person's identified individual risk factors is fundamental, in particularly after sustaining a fall.

因此運用多重因素的介入方式，以即時應對當時人所面對的風險因素至為重要，尤其是已經歷過跌倒的狀況。

The senior should have a plan developed with a healthcare professional to stop them from falling.  
長者應該與醫護人員共同建立一個計劃，以防止再度跌倒。

It should take into account whether the risk factors can be treated, improved or managed.  
計劃該包括如何處理，改善或加以控制 這些風險因素。

The interplay of individuals' physical conditions and the surrounding environment, including home hazards and hazardous features in public environment pose environmental risk factors to falls.


個人身體情況和周遭環境之間的相互影響，包括家居危機和公共環境中的危險特徵，都會加重環境上引致跌倒的風險因素。

These factors are not by themselves cause of falls. It is the interaction between other factors and their exposure to environmental ones that contributes to a fall event.

這些因素本身並不會引起跌倒，而是因為與其他因素的互動後，加上在特定環境下，導致跌倒的出現。

In other words, there are behavioural risk factors which concern human actions, emotions or daily choices that may increase the risk of falling in older people.

換言之，行為風險因素，包括個人行動、情緒，或日常生活的選擇等，都可能增加長者跌倒的風險。

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Some of these risk-taking behavior may include climbing ladders, standing on unsteady chairs or bending while performing activities of daily living, rushing with little attention to the environment or not using mobility devices prescribed to them such as a cane or walker.

這些冒險行為包括爬梯，在站不穩的椅上站立，在日常活動中彎腰，沒有留意周圍環境就橫衝直撞，或即使需要拐杖或助行架也不使用它們。

Yet, they are potentially modifiable through strategic interventions for behavioural change.

然而，這些是可以透過策略性糾正而令行為改變。

The plan for behavioural change and environmental modification constitute the protective factors for falls in older age.

行為與環境改變，可以增強防止長者跌倒的保護因素。

The advice include treating health problems, making changes at home, exercises to help improving strength and balance, having the older person's eyes checked and looking at whether any medicines taken should be changed.


建議包括處理健康問題、改善家居佈置、多做運動加強體能和平衡力，檢查長者的眼睛，以及衡量是否需要調整所服食藥物。

So, it will be a waste of effort to offer falls prevention interventions that are not tailored to address the person's individual risk factors of falling.

因此，為長者提供並非度身製訂的防跌措施，是人力耗費。

-End of Chapter 1-

-第一章完結-

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