Conclusion
Subjects more easily understood the modified ABC and DHI. The scales correlated highly with each other, but the UK adaptation of the ABC was superior to the FES in its ability to differentiate fallers from non-fallers. In this group of patients, the modified ABC, FES and DHI are reliable and valid for use in the UK, but we suggest that the ABC be used in preference to the FES when examining falls-related QoL in the UK.

CHARACTERISTICS OF OLDER PATIENTS ATTENDING ACCIDENT AND EMERGENCY FACILITIES WITH UNEXPLAINED FALLS AND AN ASYSTOLIC RESPONSE TO CAROTID SINUS MASSAGE
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Introduction
The cardioinhibitory subtype of carotid sinus hypersensitivity (CICSH) is a potentially treatable cause of unexplained falls and syncope. It is diagnosed when carotid sinus massage (CSM) produces an asystolic response of 3 or more seconds. Subjects attending Accident and Emergency (A&E) with “unexplained” (no obvious cause) falls often are not investigated for this condition.

Methodology
Subjects aged 65 years or over, who attended A&E with unexplained falls were invited to attend for CSM. CSM was performed sequentially on the right and then left sides, initially supine and then at 70° head-up tilt by a single investigator. CSM was discontinued once CICSH was demonstrated. 41 consecutive patients aged 65 years or over with a cardioinhibitory response are presented.

Results
51% of patients were female, mean age 77 (range 65-89) years, had an average of 1.4 unexplained falls in the previous year and a mean fall duration of 35 months. 63% had no prodrome, 71% had associated loss of consciousness, 59% injurious falls, 10% had a fracture and 24% were admitted as a result of the index fall. 22% had hypertension, 10% previous stroke, 2% previous myocardial infarction, 20% were current and 26% were ex-smokers. 61% were on cardiovascular medications. Head up tilt produced a vasovagal response in 7%, 37% had orthostatic hypotension and 14% had both.

Conclusion
The majority of older patients with an asystolic response who present to A&E with unexplained falls, have no prodrome, deny loss of consciousness and have associated co-morbidity including a resulting fracture in a tenth. Benefit for pacing intervention is unproven in this group but guidelines for management in A&E should highlight possible cardiovascular instability in such patients with unexplained falls.

SELF-ESTEEM AFTER SYNCOPE AND FALLS
A QUALITATIVE STUDY
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Introduction
Clinical experience suggested that elderly people, especially those who felt they were ‘doing all right for their age’ risk experiencing a blow to their self-esteem if they suffer a sudden onset of falling. In this qualitative study, we sought to establish how common such feelings might be, what factors are likely to precipitate such reactions and whether any interventions are indicated.

Methods
All people over 70 yrs of age admitted to a cardiothoracic unit over a six-months period, for first-time implantation of a pace-maker were screened for suitability for inclusion. Particular attention was paid to those who had experienced falls as a result of syncope. Patients with cognitive impairment, communication difficulties, advanced malignancy, severe immobility, or living in a care home were excluded.

Results
Data from 27 interviewees are reported; mean age 82 yrs SD 6 yrs, N=8 men (30%). Half the interviewees (N=14) appeared to have some or a marked threat to their self-image as a result of syncope and falls whereas the others denied any such effect. The latter were more likely to be able to attribute the cause of their falls to problems beyond their own control, e.g. knew they had a heart problem, whereas the former were more likely to blame themselves, e.g. ‘I should have been more careful’ or to have felt especially active for their age prior to the fall.

Conclusions
Although pacing should reduce syncope and falls, some elderly people may still need encouragement to help them regain confidence in their ability to move about and do the things they want to do.

SECONDARY PREVENTION OF HIP FRACTURE: DEVELOPING A SIMPLE PROTOCOL FOR TRAUMA WARDS
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Introduction
People with one osteoporotic fracture are at increased risk of a second, but a recent audit found that less than 20% of our hip fracture patients were offered secondary prophylaxis. Each year our trauma unit deals with several hundred hip fracture patients, and detailed investigation is not possible for them all. We are therefore developing a treatment protocol that might routinely be applied to all those presenting with an osteoporotic fracture. Vitamin D deficiency and secondary hyperparathyroidism are common in patients with hip fracture, and appear to contribute to bone fragility. Such deficiency may be corrected using i.m. vitamin D injections, but six-monthly oral vitamin D tablets would be a simple, cheap, and more acceptable alternative approach.