Injury Prevention for the Elderly: Preventing Falls, Preventing Adverse Medical Reactions, and Preventing Hypothermia, Hyperthermia, and Drowning

Robert E. Yahnke, PhD, Roberta A. Newton, PhD
group sing-alongs. In both videos, relevant points being made by the narrator appear in written form on the screen.

The seniors in the video on abuse are so content and active that it is hard to imagine anyone ever abusing any of them. Tough issues are talked about but not depicted. For example, alcohol abuse is described as a problem that affects both caregivers and care receivers. But the only video activities shown are of two people, one elderly and one not, sipping a presumably alcoholic drink. Financial abuse is described while we observe a natty senior balancing his checkbook and reviewing a bill for medical services. No look of angst disturbs this picture. If you pay attention to the narrator, the lesson under discussion may be learned; but if you watch only the quiet competence of the depicted seniors, you cannot imagine any abuse occurring here. This proficiency exhibited by the seniors continues throughout the video on suicide and depression as well. No one looks to be at risk for suicide, although an early scene of a physically challenged senior loading a pistol is very well done. The look he gives the camera as he closes the clip does indeed give one pause.

One reason the videos are not very realistic is that many of the same scenes are used in both videos, often with very different lessons. For example, in both videos a lone senior is shown with his back to the camera: in the abuse video, the narrator talks about psychological abuse; in the suicide video, that same scene is used to convey chronic depression. Such different uses of the same footage necessitate that the viewer learn the salient points by listening to the narrator, rather than by allowing the viewer to rely upon the emotional impact of the visual scene to make the point. Because the videos do not depict conflict realistically, their value in generating discussion may be limited to the enthusiasm of the instructor.

Fortunately, that enthusiasm can be aided quite effectively by the use of the manuals that accompany the videotapes, which are the real strength of these modules. Each module has its own pre- and posttests to guide the discussion by giving the instructor the opportunity to assess the knowledge levels and attitudes of trainees both before and after they view the video. The manuals provide an extensive list of references that the instructor can consult to aid discussion and interesting graphics that reinforce salient points without requiring extensive reading. This manual format makes recognizing relevant points easy and thus assists learning. The manuals, more than the videos, will be useful in generating discussion and raising awareness of difficult topics to an audience new to the issues of preventing injury to elderly adults.

Nina Tumosa, PhD
Health Care Education Specialist
GRECC, 11G/JB
VAMC
St. Louis, MO 63125

Injury Prevention for the Elderly: Preventing Falls, Preventing Adverse Medical Reactions, and Preventing Hypothermia, Hyperthermia, and Drowning

Unintentional injuries are one of the leading causes of death among older adults. The Injury Prevention for the Elderly series targets the major categories of unintentional injuries. The objective of this educational series is to provide uniform training for caregivers of older adults. The premise is that such training reduces the incidence of unintentional injuries in older adults living in long-term care communities. Each of the 10 educational modules contains the same components: an instructor’s manual, a participant’s workbook, a videotape, and examinations. The videotape presentation is also available in printed form. Topic-specific and well-written training objectives are located in the front of each module. The accompanying videotape addresses four areas to be used by the caregiver to reduce the risk of injury: recognize danger, remove hazards, increase level of assistance, and teach safe behaviors and prevention activities. Each video has a similar opening, and contains a mix of older adults sharing anecdotes and staged scenes that for the most part correspond to the narration. The speed of narration is appropriate, and titles burned into the video assist with transitions between topics. The four concepts, however, are not highlighted in printed form. The video Preventing Falls briefly addresses the prevalence and “mechanics” of falls. Characteristics that predispose the individual to falls include vision, osteoporosis, muscle strength and flexibility, fear of falling, medications (including alcohol), medical diagnoses, and dementia. The description of the causes of falls has been simplified.

When concepts are simplified, the significance of the information particularly related to precautions and prevention needs to be emphasized appropriately. For example, the primary remediation to thwart physiologic decline is the emphasis of low impact exercises. Depending on the functional level of the older adult, this may be an appropriate activity for the more frail or inactive individual, but may not be appropriate for the more active older adult. A more active older adult might benefit from other forms of activity, including dancing, tai chi, and gardening. The caregiver is instructed to have the physician evaluate gait and mobility problems, an assessment more appropriately conducted by other health care professionals. Other than the pharmacist, there is no mention of other health care professionals who could form an interdisciplinary team to assess and provide treatment or design preventive measures to reduce the risk of falling or recurrent falling among older adults. Environmental factors that potentially cause falls are stated, and suggested preventive measures range from inexpensive measures (e.g., removing clutter from stairs) to more expensive measures (e.g., installing light switches at the top and bottom of stairways). However, simple measures such as placing a nightlight or a flashlight by the bedside are not mentioned. Although reaching into the cupboard may cause the...
loss of balance, the standard recommendation of putting frequently used items at shoulder to knee height is not included. The video also recommends the use of "protective" devices. Such "protective" devices or restraints are a frequent cause of falls and even death due to strangulation. The caregiver should be taught to assess the reason why the nursing home resident wants to get out of the chair. For example, if the individual has a continence problem and is constantly getting out of the chair to go to the bathroom, then the caregiver should consider instituting a continence program.

Preventing Adverse Medical Reactions provides an overview of the problems that arise when older adults take one or more medications. Alcohol and nicotine are included in the discussion of drug withdrawal. Several preventive measures, such as writing down the instructions for older adults or avoiding sharing medications among friends, are not included.

Preventing Hypothermia, Hyperthermia, and Drowning provides a description of hyperthermia and hypothermia. This video appears to focus on older adults in communal-living contexts. Causes of hyperthermia and hypothermia and preventive measures are provided for each. A chart listing the signs associated with each temperature-related concern would be extremely useful. Older adults are encouraged to combat each of these problems by obtaining resources (e.g., purchasing fans or buying clothes at a thrift shop). Drowning is primarily associated with being unsafe around water, pools, and spas. Older adults are encouraged to bring a friend because warm water may cause hyperthermia. A short segment on bathtubs includes preventive measures for hyperthermia and falls.

Two major concerns relate to all videos: the audience and the focus on the older adult. The credentials of the instructor are not stated. A health care professional with the appropriate depth of background in the areas of injury prevention is needed to present the information in the instructional manuals. This is extremely important because the objective of the series is injury prevention. The instructor needs information in addition to that which is presented in the instructional manual. The target audience, the caregivers, is not clearly identified. In the videotape, the caregivers are home health aides or nursing personnel in the nursing home setting. It is unclear whether the videotape is directed toward practicing health caregivers or students who are enrolled in nursing or nurse-related programs. The second concern related to the target audience is the depiction of the older adult. The videos portray a continuum of older adults from the frail nursing home resident to apparently active community-dwelling older adults. Although an objective of all the videos is to teach the caregiver and older adults safe behaviors, these videos treat the older adult as a passive recipient. There is no encouragement to empower older adults or to have older adults participate in problem-solving activities to reduce their risk of injury. In the area of fall prevention, older adults are more likely to change the environment than their behavior or lifestyle. Noncompliance with environmental or behavioral changes will depend on whether the changes are relevant and important to the individual. Other factors for change require consideration of financial, cultural, or other constraints faced by older adults. In summary, the concept of developing instructional modules for caregivers to recognize and reduce injuries in the elderly is an admirable one. However, the lack of a specific, well-defined audience and the videos’ portrayal of older adults as passive recipients detracts from the educational modules.

Robert A. Newton, PhD
Professor
Department of Physical Therapy
Temple University
3307 North Broad Street
Philadelphia, PA 19140


The Vanishing Line is the work of Maren Monsen, an emergency room physician. The film is a compelling account of her journey from discomfort and confusion when dealing with dying patients to the point, at the film’s end, when she can say, “I have learned to sit with someone while death walks into the room. . . . I wonder what it will be like to be a doctor who doesn’t see death as the enemy?”

This is an exceptional film. It does not trivialize the process of death and dying, the people who are dying, their families, or health care professionals. The sympathetic but critical discussion of how doctors view death and dying makes this film an extraordinary resource. What makes this film so good, and why would I recommend it as a teaching tool for doctors in training? Two reasons. First, it deals with doctors’ problems in facing death in a way that argues for change without insulting the goodness of most physicians. Second, it is a beautifully made film with striking visuals and an engaging story.

The film begins with a thread coming from a spindle on a spinning wheel and merging with the cable of a cardiac monitor attached to a patient’s chest. In slow motion, we next see Dr. Monsen pronounce a patient dead as she relates the experience of that first death. The film returns to the spinning image and the Creek myth of the three Fates who control our lives: one spins the thread of life, another measures its length, while a third snips the thread when our allotted time has run out.