



THE REPERCUSSIONS OF FALLS IN THE LIVES OF ELDERLY AND THEIR FAMILIES

REPERCUSSÕES DAS QUEDAS NA VIDA DOS IDOSOS E SEUS FAMILIARES REPERCUSIONES DE LAS CAÍDAS EN LA VIDA DE LOS ANCIANOS Y DE SUS FAMILIARES

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ABSTRACT

Objective: to investigate the repercussions of falls in the lives of elders and their families. **Method:** this is a qualitative study with 15 elders and 22 family members. Data collection took place from February to March, 2013, at the homes of the elders, through a semi-structured interview. We used content analysis (thematic analysis technique) to analyze the interview data. The study project was approved by the Ethics Research Committee, Protocol 170.251. **Results:** the main repercussions of falls in the lives of elders and their families were: injuries, fear of falling and activity restriction. **Conclusion:** falls exert a significant impact on the lives of elders and their families. Nurses play an important role in this context, helping elders and their families in the prevention of falls and intervening against the repercussions, in order to reduce or avoid them. And for that, they must be appropriately trained. **Descriptors:** Accident by Falls; External Causes; Health of the Elderly; Nursing.

RESUMO

Objetivo: compreender as repercussões das quedas na vida dos idosos e de seus familiares. **Método:** estudo qualitativo com 15 idosos e 22 familiares. A produção de dados foi realizada nos meses de fevereiro e março de 2013, no domicílio dos idosos, por meio de entrevista semiestruturada. Para análise dos dados, utilizou-se a Técnica de Análise de Conteúdo, na Modalidade Análise Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 170.251. **Resultados:** as principais repercussões das quedas na vida dos idosos e suas famílias foram: as lesões, o medo de cair e a restrição de atividades. **Conclusão:** as quedas repercutem de modo significativo na vida dos caídores e de seus familiares. Os enfermeiros têm um papel importante junto aos idosos e seus familiares na prevenção das quedas e intervindo nas repercussões de forma a reduzi-las ou evitá-las e, para tanto, necessitam de capacitação. **Descritores:** Acidentes por Quedas; Causas Externas; Saúde do Idoso; Enfermagem.

RESUMEN

Objetivo: comprender las repercusiones de las caídas en la vida de ancianos y de sus familiares. **Método:** estudio cualitativo con 15 ancianos y 22 familiares. La producción de los datos se llevó a cabo entre febrero y marzo de 2013, en la casa de los ancianos, a través de entrevistas semiestructuradas. Para el análisis de los datos, se utilizó la técnica de análisis de contenido (análisis temático). El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo 170 251. **Resultados:** las principales repercusiones de las caídas en la vida de los ancianos y de sus familiares fueron: lesiones, el miedo de caer y la restricción de la actividad. **Conclusión:** las caídas impactan significativamente la vida de los ancianos y de sus familiares. Los enfermeros desempeñan un papel importante junto a las personas mayores y a sus familiares en la prevención de caídas y en la intervención contra sus repercusiones, con el fin de reducirlas o evitarlas y, por lo tanto, necesitan entrenamiento y capacitación. **Descriptor:** Accidentes por Caídas; Causas Externas; Salud del Anciano; Enfermería.

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INTRODUCTION

Population aging is occurring at an accelerated rate worldwide.¹ In Brazil 10% of the population are aged 60 years or older.² Together with the demographic changes, the epidemiological profile of the elderly has been changing in recent years. Mortality is mainly related to cardiovascular diseases, cancer, external causes and infectious or parasitic diseases.³

With regard to external causes, it is estimated that, for every death resulting of such an event, there are dozens of hospitalizations, hundreds of emergency department visits and thousands of doctors' appointments.⁴ The proportion of people who survive injuries is high. However, most of them have to live with temporary or permanent disabilities. Moreover, each year, over five million people worldwide die due injuries by external causes.⁵

In Brazil, in 2010, there were more than 23,000 deaths of elders by external causes, and falls were the leading cause of death. In 2011, falls were responsible for more than 84,000 cases of hospitalizations of elderly people.³

Most studies on the occurrence of falls among elders have been performed using a quantitative approach. In addition, these researchers have shown that falls have several repercussions in the lives of elders and their families. Falls are responsible for losses in autonomy and independence by elderly people, even if only for a limited amount of time; increase the risk of institutionalization and health care costs; and cause social damages to the family, due to the need to become a caregiver and to the work overload that result from this situation.⁶

Little is known about the impact of falls on the lives of elders and their families according to their accounts. Thus, understanding this phenomenon from the perspective of those people who experience it is relevant to the care of elders and their families, especially with regard to prevention.

OBJECTIVE

- To investigate the repercussions of falls in the lives of elders and their families.

METHODS

This is an exploratory, descriptive study with a qualitative design. The study was conducted in the urban area of Cuiabá, MT, Brazil, with 15 elders and 22 family members. Subjects were selected from another study⁷ on

the health conditions of people aged 60 or over who lived in the urban area of Cuiabá. In this study, the elderly population was asked about the occurrence of falls in the last three months. 109 elders gave a positive answer to this question.

The study sample was selected through purposeful sampling. The inclusion criteria were: elders who live with their families for at least twelve months - enough time to experience the consequences and repercussions of falls. The total number of participants was defined by data saturation.⁸

Data collection took place from February to March, 2013, at the homes of the elders, through a semi-structured interview, which followed a script containing four guiding questions. We used content analysis (thematic analysis technique) to analyze the interview data.⁹

The study project was analyzed and approved by the Ethics Research Committee, Protocol 170.251.

RESULTS AND DISCUSSION

The analysis showed that the repercussions of falls in the lives of elders and their families are physical, psychological and social. Physical repercussions include injuries such as bruising, bone dislocations, fractures and pain.

[...] once I fell and even broke my foot [...]
(Elderly woman, 77 years old)
I fell and hit my arm and chest [...] I even dislocated my shoulder [...] I was feeling a lot of pain after I fell [...] (Elderly woman, 82 years old)

The literature shows that the physical repercussion (bruises, fractures and pain) is the first impact suffered by elders as a result of the fall.¹⁰⁻¹¹⁻¹² 5-10% of elders living in Cuiabá have severe lesions. And these lesions do not necessarily appear at the time of the fall.¹³

In this study, we found that many of the elders, as well as their family members, consider falls to be a natural event of the aging process. Thus, nurses should perform a systematic and careful physical examination of elderly patients, because they may fail to report the existence of a lesion for considering it unnecessary. In some cases, these physical changes occur together with temporary or permanent restrictions that impact the ability of the elders of living their lives independently.

[...] [...] they put a thing on my arm for a very long time so I couldn't move my arm and that only hindered me from doing things, I had to depend on other people for a long time (Elderly woman, 82 years old).

I used to walk a lot, travel, work, do little jobs here and there, I couldn't stay still. Now, after I fell, I take things slower, because I can't walk very far, I just go somewhere near and there's always someone who goes with me (Elderly woman, 62 years old).

Loss of functional capacity (FC) is one of the main problems faced by elderly people. FC is considered to be an important indicator of successful aging with good quality of life.¹⁴ The type of dependency experienced by elders as a result of the fall may be related to the performance of activities of daily living (ADL), self-care and out-of-home activities.

In 2005, a study was conducted in the city of Campinas, SP, with 73 elders living in the community, in order to characterize the causes and consequences of falls suffered by them. It was observed that, after the occurrence of falls, most elders need help to perform basic activities of daily living.¹⁵ In this sense, other than performing a mere physical assessment of elders, nurses need to focus on the periodic and systematic evaluation of their FC, in order to identify any changes resulting from the fall. Moreover, they should also evaluate the family's functionality when they identify changes in the level of independence of the elderly patient, because due to the loss of FC, family members have no other option than to take full care of the elder, which leads to physical overload and role overload.

When she fell, the situation overloaded me because she was very active, did her laundry, cooked for herself, the only thing she didn't do was clean the house. Then when they fall you become overloaded, because you're doing a hair [she is a hairdresser] and you have to drop everything to go cook, do the laundry, you have to stop to take care of all that, because she is no longer able to do that [...] Whenever she needed something, she would call me [...] this time she depended on me for everything because he couldn't get up alone (Daughter, 47 years old).

It was a very difficult time for me because back then she was overweight and I ended up having back problems for always carrying her around [...] I had to change her diapers, do everything [...] I think it's good that me and my brothers share this responsibility, but the situation ends up overloading us the same way (Daughter, 52 years old).

Likewise, the care dependency of elders who have falls changes the working routine of their families, and sometimes also affects their financial condition.

[...] I end up cancelling some appointments [hairdresser] so I can watch her closely [...] (Daughter, 39 years old)

[...] I had to reduce my working hours to be with her at home [...] then she [daughter in law] ended up finding someone else to replace me and take care of her at her house (Daughter in law, 42 years old).

Even if the elderly person becomes dependent on other people's help and need direct care for short period of time, family members often stop living their own lives because they cannot always share this task with others. This situation restricts the social activities of the family.

Because I only go out with her, so I don't have time for myself, because when I go out I always have to take her with me [...] (Daughter in law, 48 years old)

I used to go out a lot, now I had to stop going out. I stopped going out so much after they started having falls, now I stay at home and only go to church [...] (Daughter, 47 years old).

A study¹⁶ conducted in Ribeirão Preto, SP, with 124 caregivers of elders showed that the functional dependence of the elderly patients and the hours spent caring for them were strongly associated with physical overload, emotional distress, feelings of fatigue, exhaustion and loneliness, especially in cases where the family member is the spouse. A study¹⁷ performed in 2011 in the city of Cuiabá, MT, found that families who need to take care of fully dependent elders suffer from work overwork and spend most of their time as caregivers.

Many family members leave their jobs and other roles, abandon their own lives, and only a few can count with other family members to share tasks. In a study conducted in the region of Porto, Portugal, with 120 family members of dependent elders, has shown that 17% of participants had to leave their jobs, 46% reduced their working hours to maintain constant vigilance over their elders, 9% reported having conflicts with their spouses due the time spent with the elder and 3% reported that they had considerably reduced their leisure time.¹⁷

Family members suffer social deprivation and have to abdicate from many things due to their role of caregivers. They often have mixed feelings during this process, such as satisfaction, happiness, anger, impatience, and specially the feeling of duty (the need to "pay back" the care recipient for past caring that they provided to the caregiver).¹⁸

A study conducted in the city of Farroupilha, RS, in 2008, in order to investigate the complications associated with

the fact of becoming caregivers of dependent elders showed that daughters usually stop going out when the elders start having falls. This is because, although they recognize the importance of leaving their homes for short periods of time, they believe that no other person is capable of caring for their parents the way that they do.¹⁹

Another repercussion found in the analysis of the statements made by elders and their families is that, for some of the elders, the fall led them to change their behavior and become more cautious when doing daily activities.

I avoid doing things that could result in a fall [...] I try going up slowly, going down slowly, because here in the kitchen and in my backyard there are steps and I go up and down slowly (Elderly woman, 66 years old).

[...] now I am cautious while walking, so that I don't fall again [...] I started walking slower and far more attentive so that I won't fall again (Elderly woman, 62 years old).

The fear of falling was the most recurrent psychological impact reported by the elders. This fear is usually associated with the worry of suffering fractures, having movement restrictions or becoming dependent on other people's help.

[...] I'm afraid of falling, very afraid. You know, at my age, breaking an arm or a leg is no joke (Elderly woman, 73 years old).

I'm also afraid of falling and breaking something, and becoming dependent on other people, that's no good (Elderly woman, 73 years old).

[...] I'm afraid of falling, and then not being able to walk anymore [...] I don't want to be restricted to bed (Senior, 62)..

Not only the elders but also their family members are afraid that the elders will fall again. As a result, they adopt measures which restrict the performance of activities by the elders, become overprotective and put the elder under constant vigilance.

We are afraid, because falling is dangerous, they may fall bad, break an arm, a leg, injure their head, it is dangerous [...] [...] and we are also very concerned about that (Daughter in law, 48 years old).

Now she is like a child [...] now I have to do everything, because wherever she goes I have to watch out for her, so I tell her to just sit down and watch television, so that I don't have to be looking after her all the time (Daughter, 39 years old).

We stay on top of it all the time so she doesn't do things [...] we pay closer attention to her, there's always someone with her [...] I keep telling her to be careful, to let me do it (Daughter in law, 42 years old).

The fear of falling reported by the elders and their families is a phenomenon defined as a feeling that involves low self-confidence to prevent falls or even excessive concern about the occurrence of falls that may ultimately limit activities of daily life.²⁰

In a study²¹ conducted in 2006 in the city of Tuscany, Italy, with 848 elders, 673 of them reported being afraid of falling. Of these, 59.6% reported moderate restriction of activities and 14.9% reported severe restriction of activities. The excessive fear of falling may have negative effects on the physical and functional well-being and self-confidence of elders. When they fall, they feel devalued because they have difficulties or limitations, and experience sadness and isolation.

A study conducted in 2011 in Brasilia, Brazil, to assess the fear of falling among 50 elderly patients with diabetic neuropathy who lived in the city, showed that 37% of them reported feeling upset/ scared and 17% were desperate or nervous after having a fall.²²

The overprotection of elderly people may lead them to perform fewer daily activities and exert a negative effect on their self-esteem and independence. In addition, depending on family members to perform social and leisure activities may result in feelings of helplessness, sadness and shame, contributing even more to the wish of remaining at home. The provision of inadequate social support to the elderly who falls is closely associated with a considerable decline in their health and well-being.

This also goes against the Active Aging policy²³, which recommends that elders should perform all activities possible for as long as possible. The more active and healthy people remain, the longer they will be able to delay the occurrence and recurrence of falls.

Faced with the changes in behavior of the elders and their families, nurses should not only provide instructions on how to prevent falls, but also evaluate the individual will of each elder who experienced a fall of changing their way of life and taking daily preventive measures.

Elderly people who are afraid of falling may use different strategies to decrease the risk of falling, such as being more careful while walking, taking lower and shorter steps, and reducing the speed.²⁴ The strategies used by these elders are: not only worrying about themselves but also about their surroundings, choosing their activities wiser, selecting the best places and times for walking.²⁵

It is essential to promote the independence and autonomy of the elders. The particularities of each elder should be taken into account and he/she should be offered the possibility of making his/her own choices. Moreover, nurses have to periodically assess the progress of each elder in order to assist him/her in developing realistic expectations about his/her own improvements.²³

The elders are not the only ones who require appropriate assistance. Their families also need help, especially because they have to assume the role of primary caregivers. Thus, we highlight the need for the active participation of nurses and health professionals in the care of these persons too.²⁶ The caregiver has to be seen as someone who also has needs to be met and, therefore, he/she must be inserted in this care context.²⁷

It is important that nurses, when assessing elders who had falls and their families, watch out for the social repercussions in their lives. Proper evaluation may lead to the success or failure of any social intervention strategy.²³ Furthermore, nurses and other health care professionals need to intervene with educational measures, instructing the elders and their families about the importance of active and healthy aging, of supporting the independence of elders through environmental and behavioral changes, of reducing the risks of loneliness and social isolation by encouraging participation in community groups especially designed for elders and allowing them to make decisions and solve problems. In addition, they should provide balance and gait training, correct use and indication of devices, review the medications used, etc., so that such events can be avoided.²⁸

Professionals who provide care to elders need to training and practice regarding capacitating care models, which recognize the reality of the elders and encourages them to remain independent according to their individual possibilities.²⁹

CONCLUSION

Our study showed that, according to the reports of the elders and their families, the main repercussion of falls in their lives were: injuries, fear of falling and the restriction of activities for both the elders and their families.

We conclude that falls exert a significant impact on the lives of elders and their families. Therefore, nurses lay an important role in this context, helping elders and their families in the prevention of falls and

intervening against the repercussions, in order to reduce or avoid them. For that, it is essential that these professionals are appropriately trained to perform a broad and complete assessment not only of elders but also of their family members, and implement adequate interventions.

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