Do Older Adults With Cancer Fall More Often? A Comparative Analysis of Falls in Those With and Without Cancer

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As the age of the general population increases, significant growth will occur in the number of older adults who have had cancer and may suffer from the impact of the disease or its treatment through the end of life (National Cancer Institute, 2013). The various effects of cancer or treatment may appear months or even years after treatment has ended (Blauuwbroek et al., 2007; Fox & Lyon, 2007; Hawkins et al., 2008); therefore, examining the association between cancer history and an adverse outcome such as a fall is important so that clinicians can implement prevention strategies, if needed. Although the literature has given attention to falls (Mohile et al., 2011; Overcash, 2007), few studies have examined whether cancer diagnoses alter fall rates in older adult survivors compared to a like group of older adults without cancer.

The research team previously had described the prevalence of falls in older adults with cancer (Spoelstra, Given, von Eye, & Given, 2010a, 2010b). The current study extends that work by examining falls over a longer period of time so that more refined comparisons can be made between those with and without cancer and identifying whether fall rates vary by cancer type, stage, or time since cancer diagnosis.

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**Conceptual Framework**

The selection of variables for the current study was guided by a synthesis of the Life-Course Model of Aging (Freedman, Martin, Schoeni, & Cornman, 2008) and the Health-Related Quality of Life model (Ferrans, Zerwic, Wilbur, & Larson, 2005) (see Figure 1). The Life-Course model directed examination of items such as disability in activities of daily living (ADLs), and the Health-Related Quality of Life model directed examination of biologic factors. The current framework synthesized factors from the two models to determine how characteristics and biologic or environmental factors influenced falls. The researchers expected that falls would be more prevalent among those with cancer, particularly in certain types of cancer, later stages of cancer, or more recently diagnosed older adults.