Prediction of Falls in Older Adults With Cancer: A Preliminary Study

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Purpose/Objectives: To determine the extent to which falls occur in older adult patients with cancer; to identify how falls relate to depression, age, functional status, and cognition; and to develop a model for predicting falls.

Design: Descriptive, prospective, quantitative.

Setting: Patients in the Senior Adult Oncology Program at the H. Lee Moffitt Cancer Center and Research Institute.

Sample: 165 patients aged 70 years or older with any diagnosis of cancer, treatment type, and stage.

Methods: Data were collected during a one-time interview using a comprehensive geriatric assessment consisting of the Instrumental Activities of Daily Living (IADL) Scale, Activities of Daily Living (ADL) Scale, Geriatric Depression Scale, Mini-Mental State Examination, and a fall assessment.

Main Research Variables: Falls, functional status, depression, cognition, age, and gender.

Findings: IADL scores were found to be a predictor of falls while controlling for age and ADL status. An IADL score of 22 predicts a 21% risk of a fall. Fall risk increases to 81% at an IADL score of 9.

Conclusions: IADL score is a predictor of falls in this older adult population with cancer. ADL scores are not a predictor of falls when IADL is included in the model.

Implications for Nursing: Nurses must play a vital role in conducting fall screening and risk assessments for older adults with cancer.

During a 12-month follow-up study, researchers found that 40% of community-dwelling adults aged 70 years or older had experienced a fall (Hausdorff, Rios, & Edelberg, 2001). Older adults with cancer may have additional issues that can precipitate a fall, such as cancer treatment-associated symptoms (anemia and fatigue), impairment of functional status, and general deconditioning (Holley, 2002; Kurtz, Kurtz, Given, & Given, 1993; Kurtz, Kurtz, Stommel, Given, & Given, 1999). Little research has been conducted in the area of falls and older adults with cancer. The purpose of the current research was to explore the frequency of falls that occurred in community-dwelling older adults diagnosed with cancer and how those falls related to scores on a comprehensive geriatric assessment (CGA) consisting of depression, age, functional status, and cognition screening instruments.

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