

## Talking About Falls Prevention with Your Patients

Many falls prevention strategies call for patients to change their behaviours by:

- Attending a falls prevention programme
- Doing prescribed exercises at home
- Changing their home environment

Behaviour change can be difficult. Traditional advice and patient education does not always work.

The Stages of Change model can be used to assess an individual's readiness to act on a new, healthier behaviour. Research on the change process depicts patients as always being in one of five "stages" of change.

Behaviour change is seen as a dynamic process involving both cognition and behaviour, that moves a patient from being uninterested, unaware, or unwilling to make a change (precontemplation); to considering a change (contemplation); to deciding and preparing to make a change (preparation); to changing behaviour in the short term (action); and to continuing the new behaviour for at least six months (maintenance).

The Stages of Change model has been applied to a variety of behaviours including:

- Exercise behaviour
- Smoking cessation
- Contraceptive use
- Dietary behaviour

| Stages of Change model  |  |
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| Stage of change         | Patient cognition and behaviour  |
| <b>Precontemplation</b> | Does not think about change, is resigned or fatalistic<br>Does not believe in or downplays personal susceptibility |
| <b>Contemplation</b>    | Weighs benefits vs. costs of proposed behaviour change   |
| <b>Preparation</b>      | Experiments with small changes   |
| <b>Action</b>           | Takes definitive action to change  |
| <b>Maintenance</b>      | Maintains new behaviour over time  |

From: Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. Am J Health Promot 1997;12(1):38-48

When talking with a patient about falls prevention, applying the Stages of Change model can help you to match your advice to your patient's stage of readiness.

The following section gives examples of patient-clinician exchanges for each of the first four stages of change and offers possible responses to help move the patient from one stage to another. The maintenance stage is not included because older adults are most often in the early stages of behaviour change for falls prevention.

| Precontemplation stage   | Patient says:   | Clinician says:   |
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| <p>The patient doesn't view him or herself as being at risk of falling.</p> <p>Goal: The patient will begin thinking about change.</p> <p><b>To move the patient to the contemplation stage, provide information and explain the reasons for making changes.</b></p> | <p>Falls just happen when you get old.</p>  | <p>It's true that falling is very common. About one-third of all older people fall each year.</p> <p>But you don't have to fall.</p> <p>There are specific things you can do to reduce your chances of falling.</p> |
|  | <p>Falling is just a matter of bad luck. I just slipped. That could have happened to anybody.</p> | <p>As we age, falls are more likely for many reasons, including changes in our balance and how we walk.</p>   |
|  | <p>My 92 year-old mother is the one I'm worried about, not myself.</p>                            | <p>Taking steps to prevent yourself from falling sooner rather than later can help you stay independent, and ensure that you can keep supporting your mother.</p>   |
|  | <p>It was an accident. It won't happen again because I'm being more careful.</p>                  | <p>Being careful is always a good idea but it's usually not enough to keep you from falling. There are many things that you can do to reduce your risk of falling.</p>  |
|  | <p>I took a Tai Chi class but it was too hard to remember the movements.</p>                      | <p>Maybe you'd enjoy taking a balance class instead?</p>  |

| Contemplation stage  | Patient says:  | Clinician says:  |
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| <p>The patient is considering the possibility that he or she may be at risk of falling.</p> <p>Goal: The patient will examine benefits and barriers to change.</p> <p>To move the patient to the preparation stage, make specific suggestions, be encouraging, and enlist support from their family.</p> | <p>I'd like to exercise but I don't because I'm afraid I'll get too tired.</p>   | <p>You don't have to over-exert yourself to gain benefit. You can reduce your chances of falling by doing strength and balance exercises as little as three times per week.</p> <p>You can do these exercises at home or I can recommend some exercise classes near you.</p> |
|  | <p>My friend down the street fell and ended up in a nursing home.</p>  | <p>Preventing falls can prevent broken hips and help you stay independent.</p>   |
|  | <p>I have so many other medical appointments already.</p>  | <p>These types of exercises only take a few minutes a day.</p>   |
|  | <p>I already walk for exercise.</p>  | <p>Walking is great exercise for keeping your heart and lungs in good condition, but it may not prevent you from falling.</p>  |
|  | <p>I don't want to ask someone to drive me to the exercise class.</p> <p>Getting to the RSA/Rotary Club is so hard now that I don't drive.</p> <p>I have to take care of my husband. I don't have time for this.</p> | <p>There are quite a few simple exercises you can do to keep yourself from falling, e.g. the chair stand exercise.</p> <p>They don't take a lot of time and you don't have to rely on other people. You don't even have to leave your house.</p>                             |

| Preparation stage   | Patient says:  | Clinician says:   |
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| <p>The patient considers him or herself to be at risk of falling and is thinking of doing something about it.</p> <p>Goal: The patient will begin to consider specific changes.</p> <p>To move the patient to the action stage, help the patient set specific goals and create an action plan. Reinforce the progress the patient has made.</p> | <p>I'm worried about falling. Do you think there's anything I can do to keep from falling?</p> | <p>Let's look at some factors that may make you likely to fall and talk about what you could do about one or two of them.</p> <p>Here's some information on preventing falls. You can take this with you to go over in your own time.</p> |

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|  | <p>I read that some medicines can make you dizzy. Do you think any of mine might be a problem?</p> | <p>Let's go over yours and see if we can reduce or eliminate any of them.</p> |
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| Action stage   | Patient says:  | Clinician says:   |
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| <p>The patient considers him or herself to be at risk of falling and is ready to do something about it.</p> <p>Goal: The patient will take definite action to change.</p> <p>Facilitate change. Provide specific resources, support, and encouragement to help the patient to adopt new behaviours</p> | <p>I know a fall can be serious. What can I do to keep myself from falling and stay independent?</p> | <p>We will help you as much as we can.</p> <p>I can also refer you to other health providers who can help you, e.g. to increase your balance, improve your vision and find shoes that make walking easier.</p> <p>We'll give you a call in about a month to see how you're doing.</p> |

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|  | <p>I want to take a falls prevention class. What do you recommend?</p> | <p>I'm glad you're interested in taking a class. Let's go over the list of recommended programmes near you.</p> |
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|  | <p>I know I'd feel safer if I had hand rails put in my shower.</p> | <p>I'm glad that you're thinking of getting hand rails installed.</p> <p>An Occupational Therapist can help you with this. Here's a home safety checklist*. It can help you identify home hazards and suggest ways to make other changes to prevent falls.</p> <p>*Page 17: ACC2383 – Standing up to falls *Page 17: ACC2383 – Standing up to falls</p> |
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