

Oral presentations

223 SELF-REPORTED UNSTEADINESS PREDICTS FEAR OF FALLING AND ACTIVITY RESTRICTION AT TWO YEARS FOLLOW-UP

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Background: Fear of falling (FOF) is common in older adults and can lead to restriction of everyday activities. A recent conceptual model proposes that FOF may result from a realistic self-appraisal of one's own balance abilities (Hadjistavropoulos *et al.* 2011). In this study, we examine if self-reported unsteadiness during walking is independently associated with the development of FOF and/or activity restriction at two years follow-up.

Methods: Data were obtained from the first two waves of The Irish Longitudinal Study on Ageing (TILDA). Community-dwelling adults aged ≥ 65 years, with Mini-Mental State Examination score ≥ 18 , who participated in a health assessment and who did not report

FOF at baseline were included in this analysis ($n = 1,659$). Unsteadiness was based on reports of feeling slightly steady, slightly unsteady or very unsteady (as opposed to very steady) during walking. Participants were asked if they were afraid of falling and to what extent (no FOF, somewhat afraid, very much afraid). Participants were then asked if they restricted their activities as a result of this fear (yes/no). Ordinal logistic regression and poisson regression analyses were used to obtain the relative risk of reporting FOF or activity restriction at follow-up after adjusting for socio-demographics, physical and mental health, self-reported sensory function and gait speed.

Results: 24.6% of this sample (mean age 71.4 years; range 65–93) reported unsteadiness. Unsteadiness was independently associated with an increased risk of developing FOF (IRR = 1.53 [1.19–2.08], $p = 0.008$) and fear-related activity restriction (IRR = 1.98 [1.26–3.11], $p = 0.003$) after adjusting for variables listed above.

Conclusion: Self-reported unsteadiness is easily obtained and may be a useful indicator of existing or future balance dysfunction. Its inclusion in a clinical assessment presents an opportunity to target individuals for interventions aimed at improving balance and thus, reduce the development of FOF.

References:

1. Hadjistavropoulos *et al.* J Aging Health 2011; 23(1):3–23.