

SYSTEMATIC REVIEW

Prevalence and risk factors of falls among community-dwelling older adults in Sri Lanka: A systematic review

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Abstract

Background: Falls have a significant negative impact on health, mobility and survival, particularly among older adults. Despite the clinical relevance, falls are not adequately studied in Sri Lanka, and this scoping review assessed the limited information on the prevalence and risk factors of falls among community-dwelling older adults in Sri Lanka.

Methods: Original studies published in PubMed, Ovid, and Google Scholar were searched using the key terms “falls”, AND “prevalence” OR “incidence” OR “risk factors” OR “determinants” AND “elderly” OR “older adults” AND “Sri Lanka”. The PRISMA guidelines were followed in selecting articles.

Results: The original search retrieved 13 articles; only 3 met the selection criteria. They included a total of 2010 community dwelling older adults aged ≥60 years. The prevalence of falls ranged from 258 to 508 per 1000 people. The common risk factors identified were; falls in the previous year (OR=4.65), disability (OR=2.04), house risk level (OR=1.68), advanced age (OR=3.4), female gender (OR=3.0), being employed (OR=3.6), diabetes mellitus (OR=2.7), balance or gait problems (OR=4.2), and been on at least one longterm medication (OR=3.5).

Conclusions: Evidence related to falls is scarce in Sri Lanka, and limited data show that approximately one-fourth to half of older adults in the community experience at least a single fall, while the female gender, disability, comorbidity, and medication use are significant contributory factors. This review highlights a clear gap in the knowledge of falls among older adults in Sri Lanka.

Keywords: falls, older adults, prevalence, risk factors, Sri Lanka

Introduction

Falls, especially among older adults, lead to injuries and some are potentially fatal. Furthermore, falls are associated with impaired quality of life and fear of falling, which interferes with their mobility. Falls are a leading cause of injury, disability, and premature death among older adults [1]. Klaas et al. (2012) reported that approximately a third of older fallers sustain fall-related injuries requiring

medical treatment [2]. Fractures and head injuries are the most serious injuries caused by falls. Furthermore, falls lead to serious fractures, particularly at the hip and spine, which may necessitate surgical intervention [3]. It is estimated that falls are the leading cause of traumatic brain injury-related deaths in older adults [3]. Analysing Indian studies, Biswas et al. reported 65.65% (95% CI 38.89-87.96) pooled prevalence of injuries among adults older than 60 years and 19.68% (95% CI 15.54-20.18) of these

patients required hospitalisation [4]. According to a study conducted in Singapore, falls account for 85% of older adults admitted with trauma to an emergency department [5]. According to a 2007 WHO report, approximately one-third of older adults living in the community fall at least once a year [6]. Similarly, a recent review on falls reported a 20-33% variation of the rate of falls among community-dwelling older adults [7]. A meta-analysis in 2022 including 104 studies showed a global prevalence of 26.5% (95% CI 23.4-29.8) falls among older adults with the highest prevalence in Oceania (34.4%) and America (27.7%). Divyamol et al, (2020) reported 31 (95% CI 27.7 - 34.6) per 100 person-years falls incidence in Kerala, India [8]. In 2019, a meta-analysis of 31 A Brazilian studies found 27% falls incidence over 12-months among community-dwelling older people in Brazil [9].

A multitude of risk factors are associated with the risk of falls, and they vary based on health status of people and their living conditions. Xu et al, in 2022, analysed 34 articles and found that older age, lower education level, polypharmacy, malnutrition, living alone, living in an urban area, smoking, and alcohol consumption were associated with increased risk of falls. Furthermore, they found comorbidities such as cardiac disease, hypertension, diabetes, stroke, frailty, previous history of falls, depression, and Parkinson disease also to increase fall risk [6]. Biswas et al. found sociodemographic factors, environmental factors, lifestyle factors, physical and/or mental health conditions, and medical interventions to be associated with increased risk of falls among Indians [9]. A review in 2022 found fear of falling, age, female gender, balance disorder, dementia, depression, previous falls, and diminished vision to be associated with increased risk of falls [10].

In Sri Lanka, data related to prevalence and risk factors of falls are limited, mainly due to the lack of awareness of the health and social consequences of falls in old age. Owing to the local disease pattern, researchers focus more on communicable and non-communicable diseases [11]. Sri Lanka lacks organised geriatric services, and the health needs of older adults are provided by physicians in internal medicine, resulting in a substantial gap in the holistic care these patients require. In busy clinical settings, previous falls or the risk of falling among older adults are not routinely assessed. The prevalence of falls among community-dwelling older adults needs to be highlighted to convince healthcare professionals that falls are common and that they need to be routinely assessed during the clinical evaluation of older adults. This systematic review evaluated the limitations of local database and, using restricted evidence, an approximate estimation of the prevalence and risk factors of falls among older adults in Sri Lanka.

Methods

This systematic review was conducted in accordance with the recommendations for reporting systematic reviews and meta-analyses of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement.

A systematic search was done (by WdeZ) following the PRISMA Statement using the terms “falls”, AND “prevalence” OR “incidence” OR “risk factors” OR “determinants” AND “elderly” OR “older adults” AND “Sri Lanka”. The initial searches were carried out in the PubMed and then extended to Ovid and Google Scholar databases due to the limited number of studies. Filters, except for the English language, were not used in order to increase the capture.

The original studies, which were published in English and conducted in community settings, were considered for this review. The search was expanded using the “Related publications” link and crossreferences of previous publications. Review articles, meta-analyses and case reports were excluded.

After excluding duplicates, the titles and abstracts of the remaining results were screened. All titles and abstracts were screened, initially, and the original articles were perused when the abstracts were inconclusive or had insufficient information. The eligible articles were read in full, and those that met the selection criteria were included.

Selection of articles was done independently by two reviewers (WdeZ and SL), to minimise bias, and disagreements were addressed through discussions that included a third reviewer (NR). The extracted information included authors, year of publication, geographical location of the population, study type, sample size, incidence/prevalence of falls within the last 12-month period, and associated risk factors in each study.

To assess the methodological quality and potential risk of bias of selected studies, the Newcastle–Ottawa Scale (NOS) was utilised. This tool evaluates three main domains: selection of study groups, comparability of groups, and the outcome/exposure assessment. Each study was assessed independently by two reviewers (WdeZ and SL), and disagreements were resolved in a discussion which involved a third reviewer (NR).

The NOS provides a star-based scoring system, with a maximum of 10 stars. Studies with 8-10 stars were considered low risk of bias, 6-7 stars were moderate risk, and 5 or fewer stars were high risk of bias (Supplementary Table).

Prevalence and risk factors of falls among community-dwelling older adults in Sri Lanka

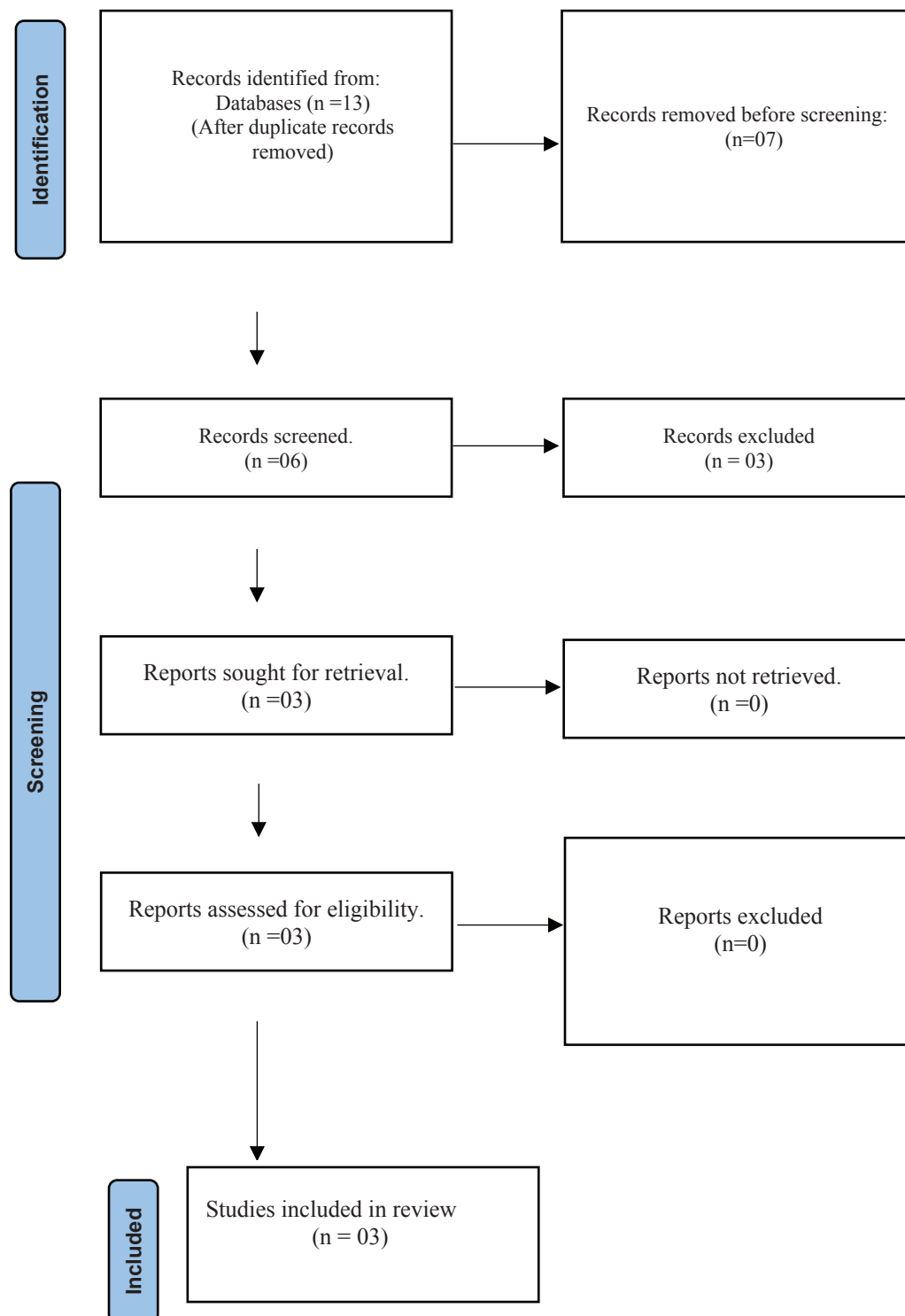


Figure 2. PRISMA flow diagram.

Results

The searchers found 13 unduplicated articles and after reading titles and abstracts, 07 articles were removed. After reading the remaining six articles, three were excluded and this review contains data of three original articles.

All the studies were cross-sectional and published between 2013 and 2023. Table 1 shows authors, year of publication, geographical location of the population, study type, sample size, incidence/prevalence of falls within the previous 12 months, and associated risk factors.

Total of 2010 community dwelling older adults aged

≥60 years have been studied and the prevalence of falls reported, ranged from 258/1000-yr to 508 /1000-yr. The common risk factors emerged included falls in the previous year (OR=4.19, 95% CI: 2.76-6.35), disability (OR=2.74, 95% CI: 1.77-4.22), house risk level (OR=1.71, 95% CI:1.13-2.60), advanced age (OR=2.8, 95% CI: 1.2-6.7), female gender (OR=2.6 to 3.0, 95% CI: 1.0-5.9), being employed (OR=2.6, 95% CI: 1.5-4.9), presence of diabetes mellitus (OR=2.7, 95% CI: 1.2-6.3), having balance or gait problems (OR=4.2, 95% CI: 2.0-8.4), and the use of at least one long-term medication (OR=3.5, 95% CI: 1.2-10.4). In contrast to previous study, Gamage et al., found advanced age to be a protective factor with marginal statistical significance (OR=0.1, 95% CI: 0.0-0.3).

Table 1. Description of the three studies included in the review

Authors (year)	Study design	Population	Age/Number of subjects	Prevalence/Incidence	Risk factors (OR)	Limitations
Ranaweera et al., 2013[38]	Community based cross sectional study	Western province	≥65 years/1200	Prevalence 258/1000yr Incidence 492 (448-536)/1000-yr	Falls in the previous year (OR=4.19, 95% CI: 2.76-6.35) High disability level (OR=2.74, 95% CI: 1.77-4.22)High house risk level (OR=1.71, 95% CI:1.13-2.60)	Only older adults in Colombo district were included.
Gunawardene et al., 2014[39]	Community-based cross-sectional study	Western province	≥60 years/300	Prevalence 508 (400-636)/1000-yr	Age >75years (OR=2.8, 95% CI: 1.2-6.7) Being a woman (OR=1.8, 95% CI: 1.0-3.0) Being employed (OR=2.6, 95% CI:1.5-4.9)	Only the falls during the previous three months
Gamage et al., 2018[40]	Crosssectional household survey	Southern province	≥65 years/300	Prevalence 343 (290-400)/1000-yr	Age (OR=0.1, 95% CI: 0.0-0.3) Gender (OR=3.0, 95% CI: 1.5-5.9) Diabetes mellitus (OR=2.7, 95% CI: 1.2-6.3) Balance or gait problems (OR=4.2, 95% CI: 2.0-8.4) Use of at least one long-term medication (OR=3.5, 95% CI: 1.2-10.4)	Included 300 older adults from the Southern province

Discussion

This scoping review aimed to explore the prevalence and risk factors of falls among community-dwelling older adults in Sri Lanka, highlighting a clear lacuna in the local literature on falls. After an extensive search, only three community-based studies were found, and the information emerging from them was highly inadequate to make firm conclusions or clinical guidelines. The relevance of the falls, however, cannot be disregarded given their adverse effects on health, mobility, and survival. More studies are needed to build up the local database which in turn will help to develop local guidelines on prevention and management of falls in the community.

Our findings, based on three studies encompassing 2010 older adults aged 60 years and above, identify certain risk factors associated with falls in this population. Approximately quarter to half of older adult population had experienced a fall, while falls in the previous year, disability level, house risk level, old older age, female gender, being employed, having diabetes mellitus and balance or gait problems, use of antihypertensive medication and use of at least one long-term medication were found to be associated with an increased risk of falls.

An analysis conducted in China involving 31 studies and 70,868 seniors residing in the community reported a 30% annual prevalence of falls. Furthermore, factors such as older age, female gender, fear of falling, previous fall history, impaired vision, depression, and balance disorders were significant associations of falls in older adults living in the community [10]. A similar systematic review involving 36 research articles also found that advanced age, female gender, lower educational attainment, being single or widowed, lower income, inadequate social support, compromised visual and auditory abilities, diminished cognitive function, and a prior history of falls were linked to an increased risk of falling [12]. The risk factors of falls are likely to be specific to personal factors, disease prevalence, medication use and geographical conditions and therefore tend to vary between studies. Another systematic review found that previous falls, gait abnormalities, the use of walking aids, vertigo, Parkinson disease, and medications were significant associations of falls among older adults [13]. These results generally align with our observations regarding the prevalence and risk factors for falls among older adults in our community setting.

In Sri Lanka, the traditional extended family structure, especially seen in rural areas, often allows older adults to be cared for within the family. All religions practised in Sri Lanka emphasise that it is a duty of the younger generation to look after older people. Furthermore, older adults, particularly in rural areas, remain physically active and engaged in outdoor work, which may influence fall risk in both positive and negative ways. Although physical

activity reduces the risk of falls, these individuals remain vulnerable to falls due to environmental factors [14].

Prevalence of falls among elderly

The prevalence of falls we observed is concordant with previous studies. According to the WHO global report on falls prevention in older age in 2008, approximately 28-35% of people aged of 65 and above and

32-42% over 70 years fall each year.[6] Susilowati et al also observed that the prevalence of falls among Indonesian older adults over 60 years to be 29% [15]. Similar observations have been made in studies done in India and the USA [16,17].

Risk factors for falls among elderly

Fear of falling and prior falls especially in the previous year are both significant risk factors for falls in older adults [18-20]. Fear of falling is prevalent among older adults and a study found to be 54.6% among community-dwelling older adults in Vietnam. The same analysis found that prior falls in the past 12 months is a strong predictor (OR: 4.4) of the fear of falling [21]. Further studies found that fear of falling is significantly associated with experiencing a fall during the previous month (OR = 2.29, 95% CI: 1.78-2.95) or during the previous year (OR = 2.60, 95% CI: 2.16-3.14), after adjusting for multiple compounders [22]. Consistent with existing literature, our review identified a history of fall in the previous year as a significant risk factor, associated with 4.65 times higher odds of experiencing a fall. This underscores the importance of fall prevention strategies to pay special attention to those who have previously fallen, especially in the previous year.

Disability and balance and gait impairment in older adults are intricately linked and they synergistically contribute to risk of falls and poor quality of life [23,24]. Furthermore, imbalance, impaired gait, and falls contribute to disability and mortality in older adults. Age-related changes in sensory input, central integration, and peripheral responses lead to impairments in balance and gait, thereby increasing the risk of falls. A study found that poor physical performance and a high risk of falling are closely linked and are associated with higher mortality in older adults [25,26]. In keeping with the literature, disability and the impairment of balance and gait emerged as significant risk factors of falls in this review with 2.04 and 4.2 times higher odds of falling, respectively.

Female gender and advanced age are significant risk factors of falls in the elderly, as demonstrated in multiple studies [27-29]. Studies indicate that older women are at a higher risk of falls compared to their male counterparts [19,20].

This increased risk is attributed to several factors, including lower physical activity among older women. The current review also found advanced age and female gender to be significant risk factors of falls among community living older adults. The population of Sri Lanka is not only aging fast but also becoming increasingly feminized. Despite the predicted demographic trends, the health and social care services in Sri Lanka are still not aligned to provide a holistic care for older adult population [30]. Care services dedicated to older adults are not integrated to preventive or curative care institutes and most of the age related health problems are not addressed.

Furthermore, this review identified diabetes mellitus and the use of long-term medications as risk factors of falls. Multimorbidity and polypharmacy are common among older adults and they both have negative impact on overall health. It has been demonstrated that multimorbidity enhances fall risk in elderly [31,32]. Poorly controlled diabetes and long term complications, especially neuropathy, are associated with increased risk of falls among older adults [33,34]. Medications, including polypharmacy, falls risk increasing drugs, and drugs with anticholinergic properties, are well known to increase the risk of falls [35,37]. This review showed that the use of at least one long-term medication was associated with increased risk of falls in this population (OR=3.5).

Limitations

The number of studies available was very limited and this limits the accuracy of the information. Nevertheless, this systematic review can be used as a platform for future research in this area. Information emerging from this analysis can be used in designing study protocols, especially in the calculation of sample size and preparation of questionnaires.

Conclusions

This review provides some insights into the prevalence and risk factors of falls among community-dwelling older adults in Sri Lanka. Our findings underscore the need for identifying those with high fall risk in the community and taking appropriate measures to prevent further falls. Furthermore, this review highlights the scarcity of local data related to falls and call for studies that focus on different aspects of falls in the community.

Declaration Conflicts of Interest: The authors declare that they have no conflicts of interest.

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Availability of data and materials: All data analysed during this study are included in this article.

Criteria for authorship: WdeZ contributed to design, reviewing and analysing articles for systematic review, and manuscript drafting and revision. NR was involved in reviewing and analysing articles for systematic review and manuscript drafting. AL contributed to guided quantitative data analysis, and manuscript revision. SL contributed to reviewing the manuscript and analysed data critically for its intellectual content. All authors read and approved the final manuscript

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