

Quality of Life and Correlated Factors among Older Adults

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Quality of Life History

- Quality of life is not a new concept.
- This concept has a history in Greek philosophy and Aristotle (322 - 384 BC) mentioned it in the discussion of happiness.
- Pigou used the term quality of life for the first time in 1920 in his book "Economy and Welfare".

Quality of Life

- QOL means how to live, which is unique for each person and different from others.
- There are no clear and uniform definitions for quality of life
- Quality of life is described as a wellness resulting from a combination of physical, functional, emotional and social factors.
- Quality of life as the degree of satisfaction or dissatisfaction felt by people with various aspects of their lives.

Quality of Life (WHO)

- Quality of life defined as an individual's perception of their position in life in the context of the culture and values systems in which they live and in relation to their goals, expectations, standards and concerns.
- Consideration to six major domains: (1) physical health, (2) psychological status, (3) levels of independence, (4) social relationships, (5) environmental characteristics, and (6) spiritual standards.

Global or Integrative QOL Theory

- Subjective: the feeling that a person has about the enjoyment of his/her life.
- Objective: how enjoyable one's life is by the world around us
- Existential: It means that one's life is enjoyable on a deeper level.

Quality of Life in Iranian Older Adults

- About 92% of the articles reported the status of elderly QOL as low and moderate and 7% of the articles reported it as high.
- QOL of institutionalized older adults were significantly lower than community dwelling older adults.
- QOL of older adults residing in urban area was significantly lower than those living in rural area.

Indicators of Quality of Life in Older Adults

| Positive Indicators of QOL | Negative Indicators of QOL |
|---|----------------------------|
| Gender (male) | Gender (female) |
| Marital status (married) | Advancing age |
| High educational level | Low educational level |
| Living in community | Living in institution |
| Re-employment | Unemployment |
| High economical status | Poor economical status |
| Social engagement and Social support | Chronic conditions |
| ICT | Fear of fall |
| Spiritual wellbeing | |

Demographic characteristic and QOL

❖ **Age:**

Chronic illnesses, loneliness, loss of loved ones, decreased social relationships;

❖ **Gender:** economical and educational factors;

❖ **Educational level:** Raising the social class and the economic power;

❖ **Reemployment:** raising social relationship and improving the economic situation;

❖ **Economic situation:** fulfilling the basic needs, raising social participation, financial burden due to chronic conditions;

❖ **Marital status:** sense of belonging and emotional support.

Exercise and Physical Activity

- Decrease stress;
- Decrease risk of hypertension or maintain;
blood pressure in hypertensive elder person;
- Increase oxygen saturation and lungs capacity;
- Control obesity, hypercholesterolemia;
- Prevention of osteoporosis;
- Prevention of depression;
- Increase of muscle strength;
- Increase of balance;
- Increase vitality;
- Reduce mortality rate.

Exercise and Physical Activity

- Endurance training,
- Strength training,
- Balance training, and
- Flexibility training

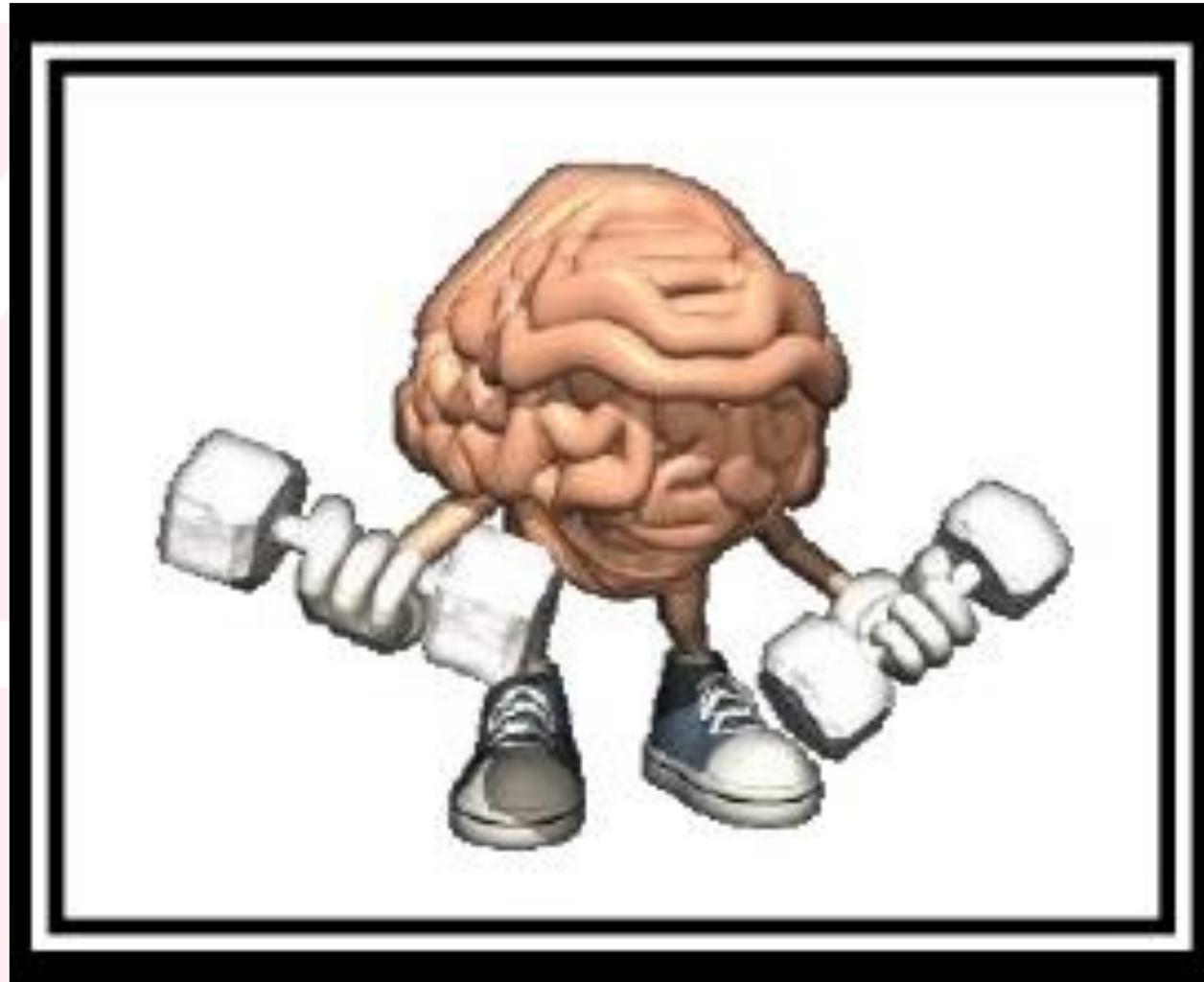
**Group
and
Regular
Exercise**



**Water
Exercise**



Brain Exercise



Seek New Skills



Learning prompts the growth of new brain cells

University Third Age (U3A)

- U3A originally began in France in 1974 and has spread worldwide;
- In Iran, for the first time in 2012, Zahedan University of Medical Sciences launched U3A;
- U3A aims are the education and stimulation of mainly retired members of the community;
- To Empower the elderly;
- To make lifelong learning.

Social Support

- ❖ **Social support** can be defined as the perceived caring, esteem and assistance that people receive from others. Support can come from spouses, family members, friends, neighbors colleagues, health professionals or pets.
- ❖ **Social support** refers to the feeling of belonging, being accepted, being loved.
- ❖ **Social support** refers to positive exchanges with network members that help people stay healthy or cope with adverse events.

Types of Social Support

- 1. Emotional support**
- 2. Material and instrumental support**
- 3. Information support**

The Advantages Social Support

* Social support directly benefits psychological wellbeing and health

* **Inadequate social support** is associated with an increase in mortality, morbidity, psychological distress and with a decrease in overall general health and wellbeing

Social relationships also offer an opportunity to provide support to others:

increased feelings of independence and usefulness , greater feelings of self-efficacy , higher levels of self esteem and lower level of depression and distress: **Whilst giving and receiving support**

Two theoretical models of social support

❖ **Buffering Effects Model or Indirect Model**

Social support operates when people are under stress. Social support helps people cope with setbacks and serves as a protective barrier against threats to well-being.

❖ **Main effect Model or Direct Model**

The main effects model proposes social support to have a direct effect on outcomes irrespective of whether individuals are under high or low

Spiritual Well-being

- Spiritual well-being has been referred to as an individual's ability to find meaning and purpose in life;
- Spiritual well-being has been reported as being a coping mechanism for people with chronic health problems, especially regarding the management of stress, dissatisfaction, loneliness, depression, and grief associated with illness;
- Spirituality results in peace and vitality;
- People who have stronger religious and spirituality, they have higher psychological adaptation against diseases;
- People who have a better spiritual condition are less prone to internal conflicts, aimlessness, emptiness, despair, dissatisfaction and despair in the face of crises.

Spirituality

- Various studies have shown the significant relationship between spiritual health and quality of life among the older people who suffered from cancer, AIDS, heart failure or depression;
- Rowe and Kahn 1987 defined **successful aging** as the avoidance of disease and disability. More recently they have expanded their model to include maintenance of physical and cognitive function and engagement in social and productive activities (Rowe and Kahn 1997, Rowe and Kahn 1998);
- Crowther et al (2002): The incorporation of **positive spirituality** into Rowe and Kahn's model of successful aging helps underscore the importance of this area in self-health care.

ICT and QoL

- Control over life (daily needs);
- Personal safety and security;
- Social involvement and participation;
- Entertainment and leisure;
- Psychological wellbeing;
- Physical capability.

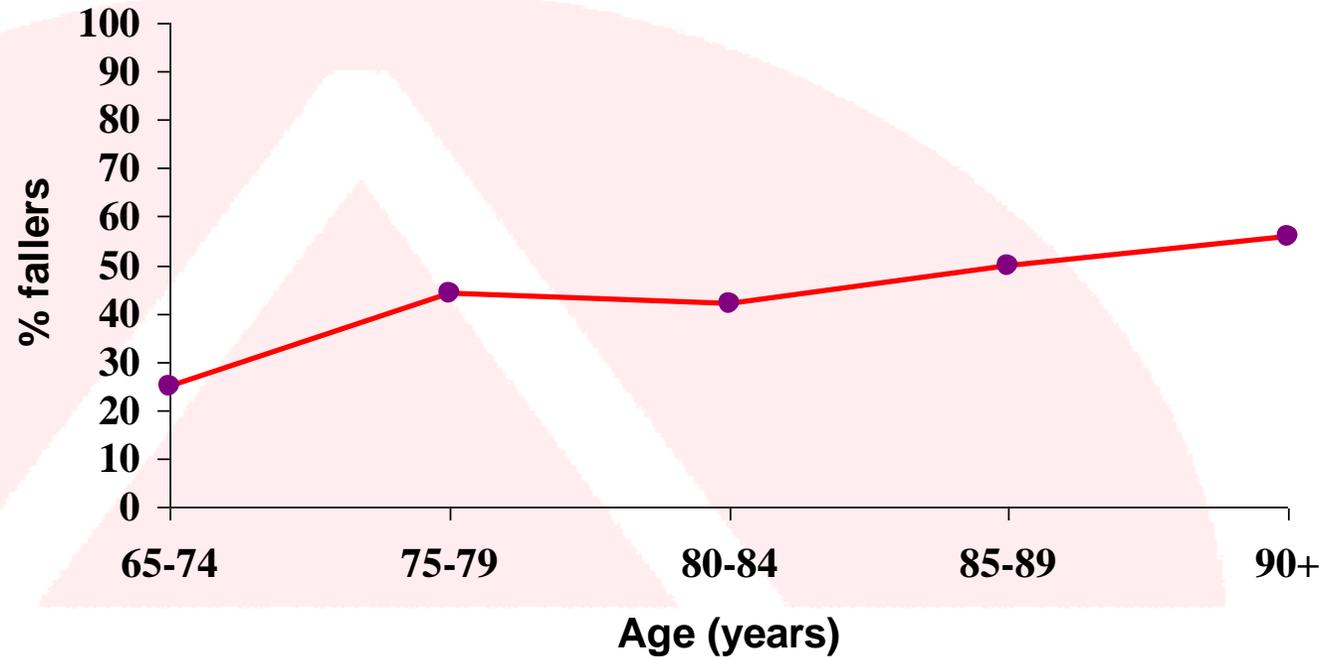
Chronic disease and QOL

- Aging is associated with increase in incidence and severity of disease;
- Four of every five elders have at least one chronic disease;
- Many elderly people with two or more chronic illnesses (comorbid);
- Chronic illnesses – cause disabilities, complicate care, need skilled nursing care;
- The likelihood of financial problems increases with a greater number of chronic medical conditions;
- Increase the possibility of depression and isolation.

Epidemiology of Falls

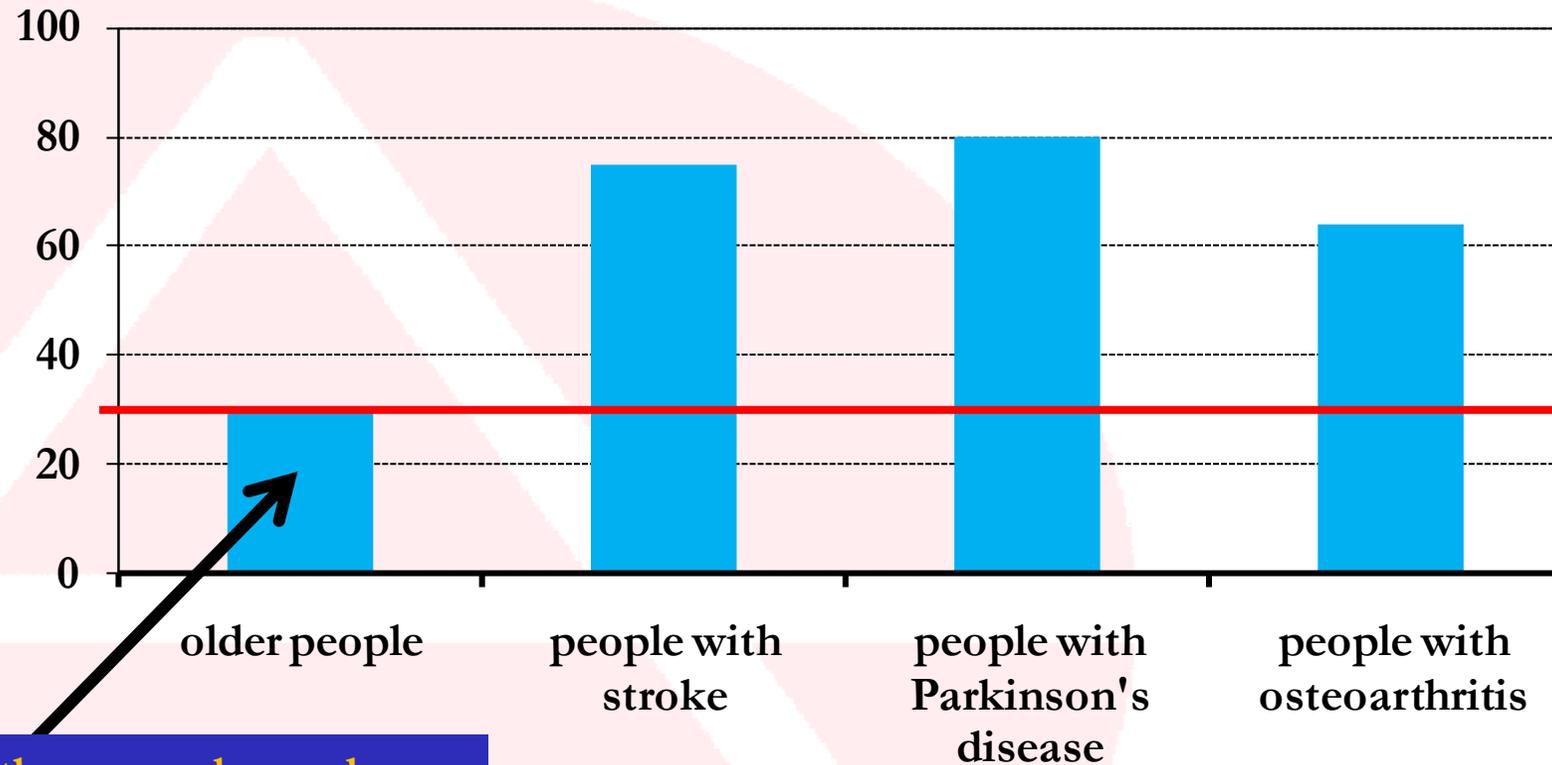
- One out of three community-dwelling older people experience fall annually;
- One out of two after the age 80 years old;
- Institutionalized older people are at greater risk for fall, with a mean percentage of 40% each year;
- A history of falls is a strong predictor of future falls. Generally, 50% of older people with previous fall will experience another fall

Falls rates increase with increasing age...



Campbell et al, 1981

Falls in Clinical Groups



One in three people aged over 65 fall each year

Home Fall

- According to the U.S. Consumer Product Safety Commission (CPSC), there is an estimate of **1 million** people over 65 years old that are **treated** in the emergency department at hospitals related to injuries that happen in the **home**;
- Approximately **30%** of people experience over 65 years of age per year;
- Home injuries can be **prevented**.

Intrinsic Factors of Falls

- ❖ Older age
- ❖ Gender: female
- ❖ previous falls
- ❖ lower extremity weakness
- ❖ arthritis (hips / knees)
- ❖ gait / balance disorders
- ❖ cognitive disorders (depression / dementia...)
- ❖ visual disorders
- ❖ postural hypotension
- ❖ bladder dysfunction (frequency / urgency / nocturia / incontinence...)
- ❖ medications (psychotropics/ sedatives / antihypertensives...)

Extrinsic Factors of Falls

- Extrinsic factors are mostly related to the environment like reduced lighting,
- slippery ground,
- insufficient handrails as well as obstacles in the walking path,
- unsecured staircases,
- wearing inappropriate shoes, or not wearing proper shoes,

Consequences of Falls in Older People

- 25% seek medical assistance;
- 10% suffer serious injuries requiring hospitalizations (often fractures);
- implicated in up to 40% of admissions to residential care;
- quality of life issues
 - independence
 - community living
 - active life-style

CAUSES

Weakness & Frailty

Vision defects

Including cataract, and reduced visual fields.

Musculoskeletal

Arthritis, Stiffness of joints, Weak muscles, 'Giving way' of knee, Deconditioning due to immobility.

Neurological Epilepsy stroke, Parkinson's Disease

Reduced position sense, Reduced vibration sense, Reduced balance, Slow reactions, Medication side effects.

Heart problems

Drop attacks, arrhythmia, blood pressure drop on changing posture, Medication side effects, Syncope (faints).

Environment

Poor lighting, rugs, stairs, floors, steps, walking-frames etc.

Other factors

Use of stick etc., Previous falls

Mental Health

Alzheimer's Disease, Confusion, Paranoia, Psychosis, Medication side effects

EFFECTS

Physical

- Bruising
- Fracture (especially femur)
- Brain Haemorrhage
- Burns (fall against radiator)
- Dehydration
- Pneumonia
- DEATH

Immobility

Reduced activity, loss of muscle, tone, stiffer joints

Mental

Depression
Loss of confidence
Fear
Restriction of lifestyle

Social

- Inability to leave home (real or imagined)
- Long term care
- Inability to travel
- Inability to follow hobbies

FALLS



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ABSTRACT

Background Falling is the most common home accidents in elderly people. The fall-related accidents can reduce the quality of life and increase the disability and mortality rates among elderly people.

Objective The present study aimed to determine the role of home safety in home fall rate among community-dwelling older people.

Methods A total of 300 older people aged ≥ 60 years from Qazvin, Iran participated in this descriptive cross sectional study. They were selected using a cluster sampling method. Data were collected using demographic form, a home fall checklist, and Home Falls and Accidents Screening Tool. Then, the collected data was analyzed using logistic regression analysis.

Findings One-third of the participants reported home fall in the past year. The most of home falls occurred in the backyard (22%) at night (34%). The most reported fall-related injuries were bruise (30%) and bone fracture (28%). Half of participants who had home fall needed to be hospitalized and about one-third of them (33%) underwent a surgery, the risks of using toilet, bath and opening and closing the entrance door predicted the home fall in older people ($P < 0.05$).

Conclusion The incidence of home fall is rather high among older people and the home risk factors predicted 20-30% of home fall in the elderly. Therefore, the proper planning for home safety should be considered in order to reduce the prevalence of home fall among elderly people.

Keywords:

Fall, Aging, Home safety, Predictors

Research Paper: Intrinsic Factors of Home Fall Among Older Adults in Qazvin City, Iran, 2018



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Fall, Aging, Imbalance, Physical activity

ABSTRACT

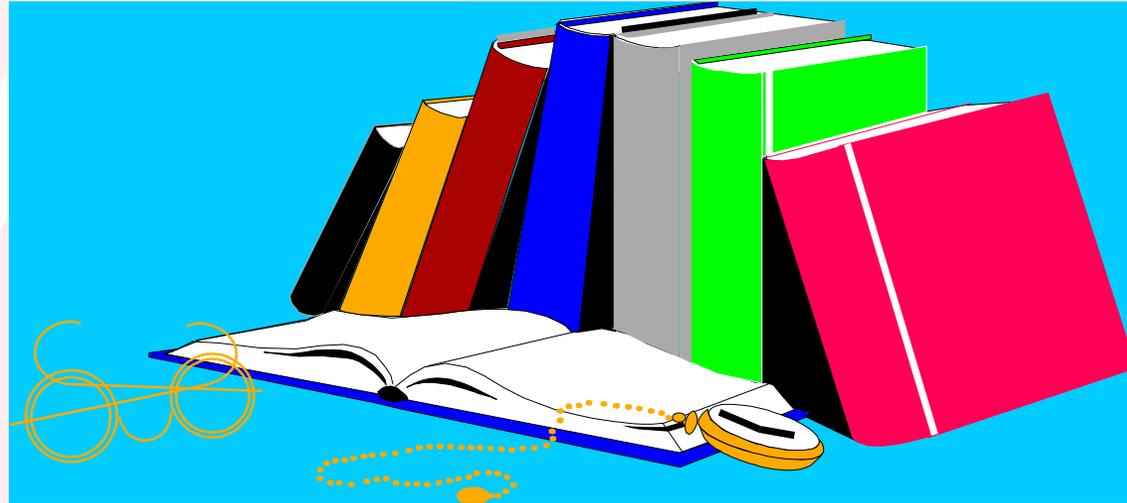
Objectives: This study was conducted to determine the prevalence and predictors of home fall among elderly people living in Qazvin City, Iran, 2018.

Methods: This cross-sectional study was performed on 300 elderly people aged 60 years or higher who were selected by cluster sampling technique. Data were collected by demographic and chronic diseases checklist, checklist of the characteristics of fall in the last year, Abbreviated Mental Test (AMT), self-reported health scale, and Timed Up and Go (TUG) test. The logistic regression model was conducted to determine predictors of home falls.

Results: The mean age of the 300 older people who participated in the study was 70.11±8.90 years. Approximately, one-third of them (n=100, 33.3%) reported at least one fall during the last year. The results of the logistic regression revealed that the number of medicines used (OR=5.31, CI=1.44-19.49), history of the physical disease (OR=1.31, CI=1.01-1.70), age (OR=1.09, CI=1.03-1.15), balance control (OR=1.04, CI=0.07-1.01), and physical activity (OR=0.72, CI=0.57-0.92) were internal predictors of the fall among older adults.

Discussion: The findings of our study disclosed that the incidence of falls is rather high among older people. The frequency of falls increased by advancing age, increase the number of physical illnesses and medicines used, poor balance, and a reduction in physical activity.

Research review: what works in falls and fall injury prevention?



Although, falls are common, dangerous, and costly in aged people, they can be prevented through decreasing the modifiable fall risk factors

What can you do to reduce your risk of falls: 1. See your doctor



- If you have a fall –
have a check up
 - Even if you think it was just an accident
- If you are feeling unsteady when walking / turning
- If you are reducing your activities

What can you do to reduce your risk of falls: 2. Exercise



- Group exercise programs
- Home exercise programs (often prescribed by a physiotherapist)
- Tai Chi

What can you do to reduce your risk of falls: 3.

Medication review

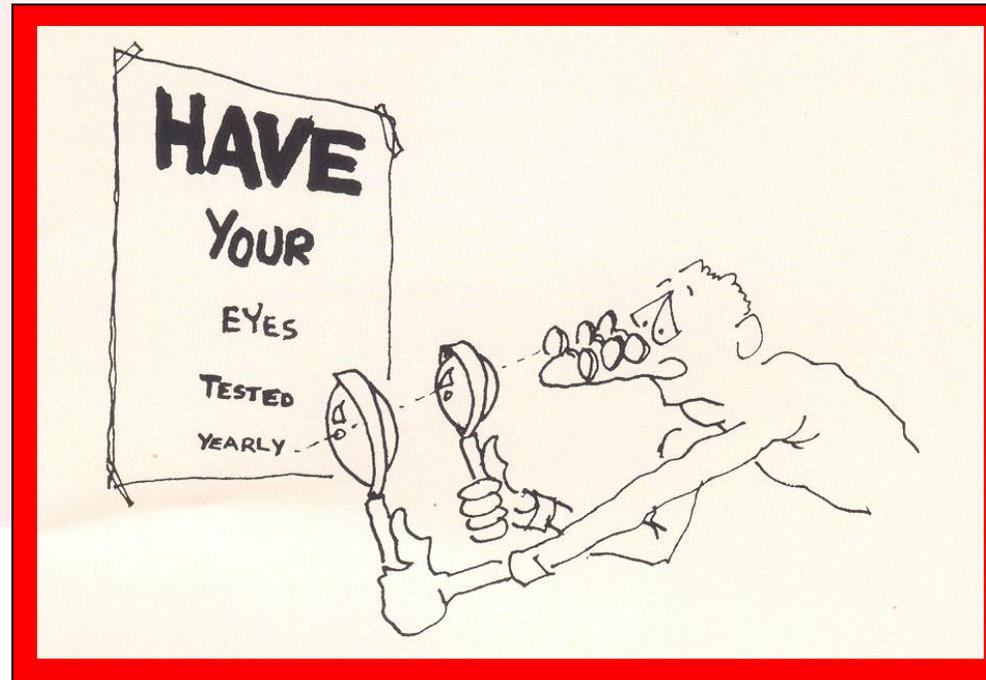
- Keep medications to the minimum needed
- Have medications reviewed by your doctor
- Try to avoid / minimise use of sleeping tablets, anti anxiety tablets etc



What can you do to reduce your risk of falls:

4. Vision check

- Regular vision review
- Cataract surgery
- Bifocals – can be problematic



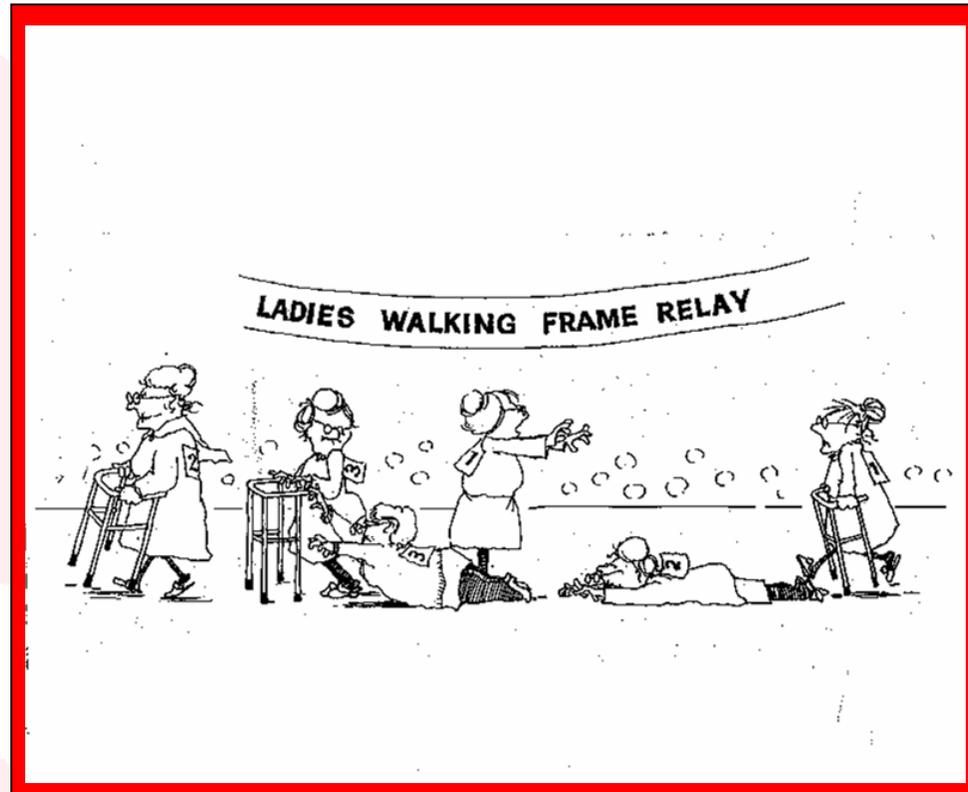
What can you do to reduce your risk of falls: 5. Feet and footwear

- Provide interaction between you and the support surface
- Better interaction with support surface = less risk of falling in any given situation
- Conflict between appearance and safety



What can you do to reduce your risk of falls: 6. Use of walking aids

- Walking aids do increase stability *if used correctly....*
- If considering starting to use a walking aid, or changing your walking aid:
 - Discuss with your doctor
 - See a physiotherapist re the most appropriate aid, how to use it, and whether an exercise program might also be useful



What can you do to reduce your risk of falls injuries: 7. Hip protectors



- Useful if falling frequently, and / or if bones are weak
- Will reduce risk of hip fracture substantially
- Several different types

What can you do to reduce your risk of falls:

8. Home safety

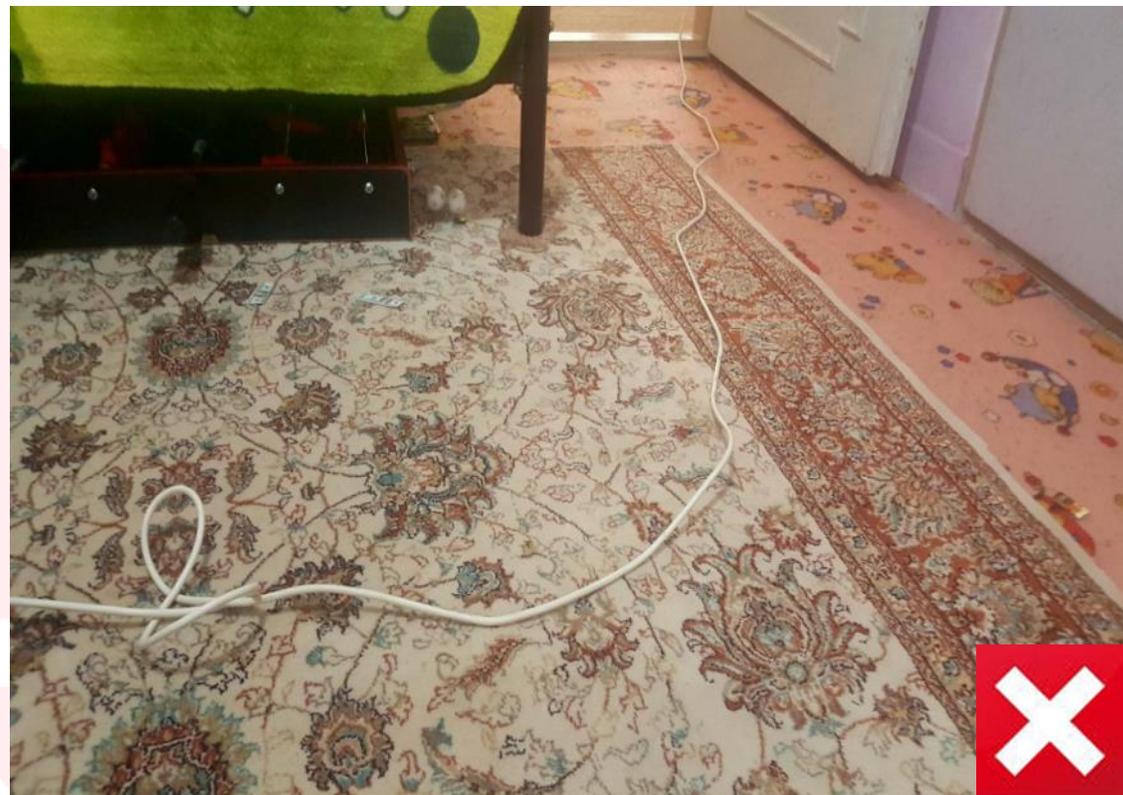


- Removing environmental hazards will reduce risk of falls

HOME FAST Items

- 1 Are walkways free of cords and other clutter?
- 2 Are floor coverings in good condition?
- 3 Are floor surfaces non-slippery?
- 4 Are loose mats securely fixed to the floor?
- 5 Can the person get in and out of bed easily and safely?
- 6 Can the person get up from their lounge chair easily?
- 7 Are all the lights bright enough for the person to see clearly?
- 8 Can the person switch a light on easily from their bed?
- 9 Are the outside paths, steps and entrances well lit at night?
- 10 Is the person able to get on and off the toilet easily and safely?
- 11 Is the person able to get in and out of the bath easily and safely?
- 12 Is the person able to walk in and out of the shower recess easily and safely?
- 13 Is there an accessible/sturdy grab rail/s in the shower or beside the bath?
- 14 Are slip resistant mats/strips used in the bath/bathroom/shower recess?
- 15 Is the toilet in close proximity to the bedroom?
- 16 Can the person easily reach items in the kitchen that are used regularly without climbing, bending or upsetting his or her balance?
- 17 Can the person carry meals easily and safely from the kitchen to the dining area?
- 18 Do the indoor steps/stairs have an accessible/sturdy grab rail extending along the full length of the steps/stairs?
- 19 Can the person easily and safely go up and down the steps/stairs inside or outside the house?
- 20 Are the edges of the steps/stairs (inside and outside the house) easily identified?
- 21 Can the person use the entrance door/s safely and easily?
- 22 Are paths around the house in good repair, and free of clutter?
- 23 Is the person currently wearing well-fitting slippers or shoes?
- 24 If there are pets, can the person care for them without bending or being at risk of falling over?

Cluttered Walkways



Poor Floor Coverings



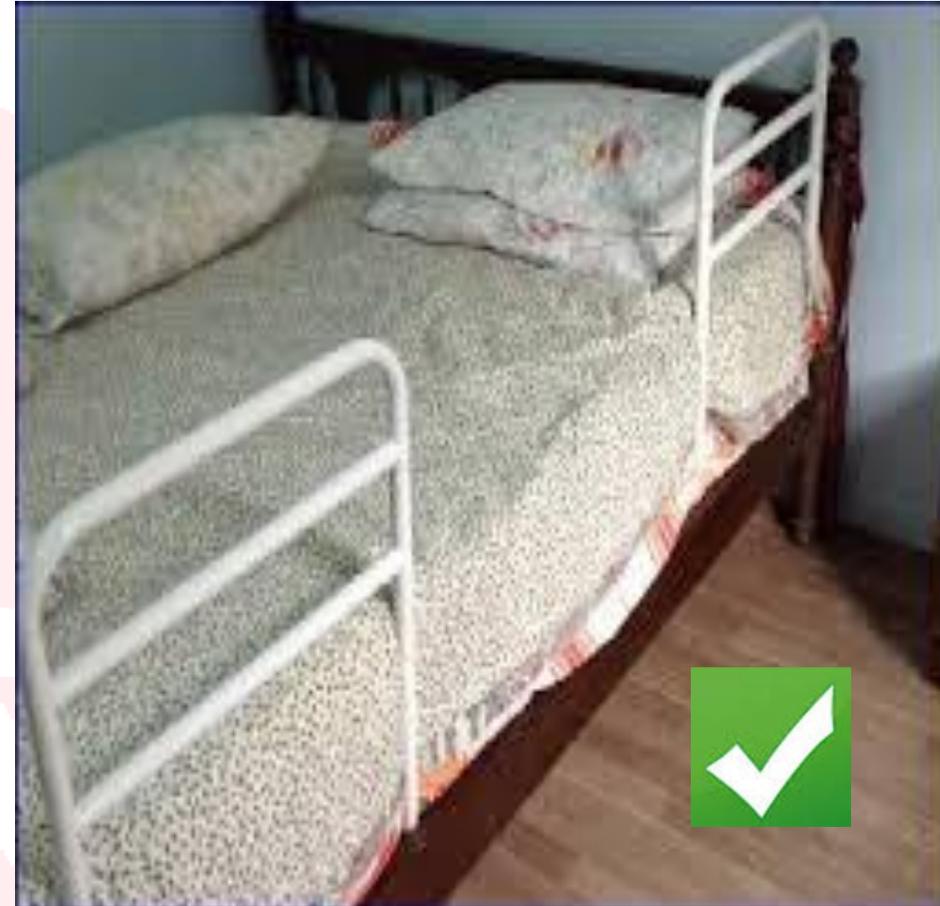
Slippery Floors



Loose Mats



Unsafe Bed Transfers



Unsafe chair transfer



Poor Lighting



No Accessible Bedside Light



Out Door Not Well Lit



Unsafe Toilet Transfer



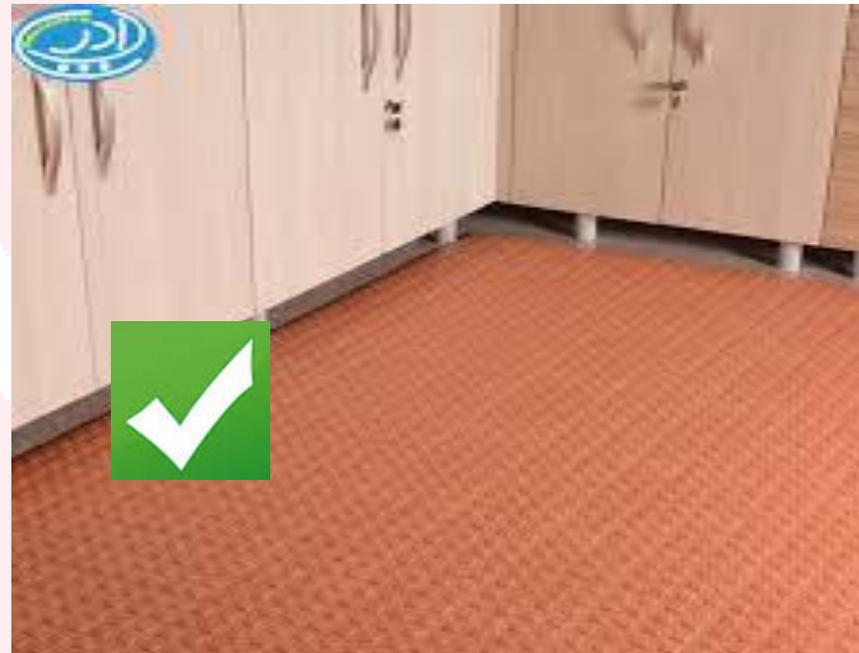
Unsafe Bath Transfers



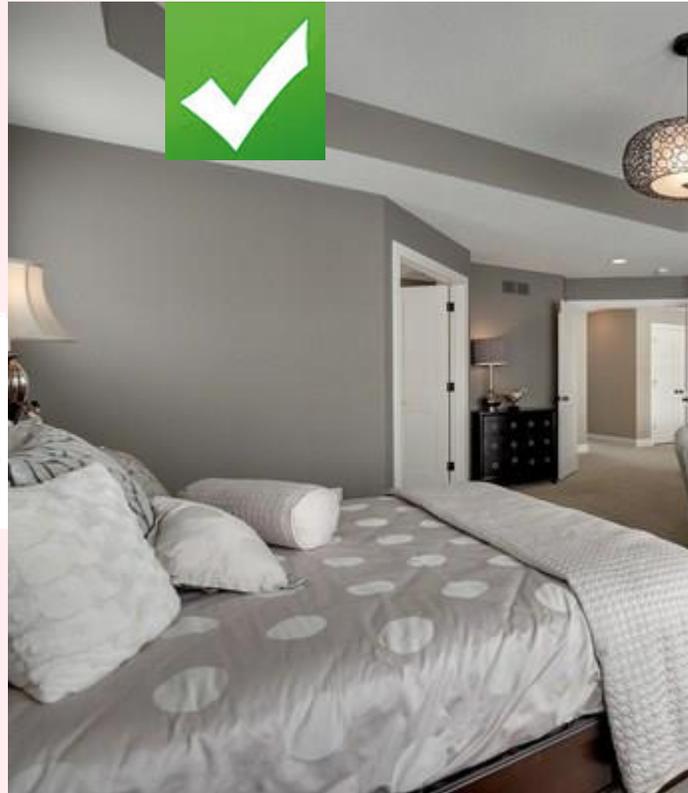
Difficulty using shower recess, no grasp rail in shower/beside bath



No Slip Resistance Mat



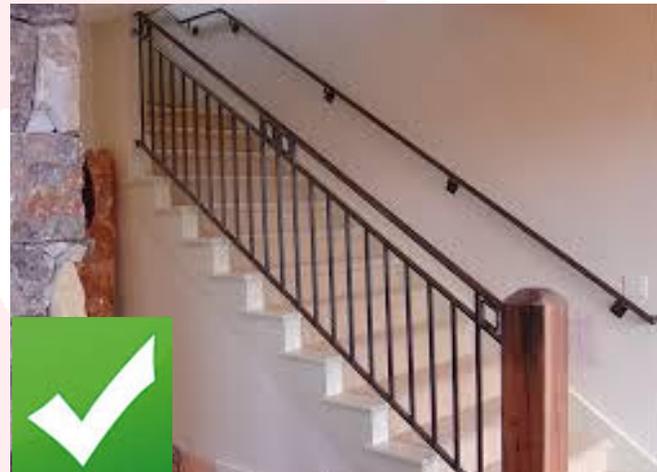
Proximity of Toilet to Bed



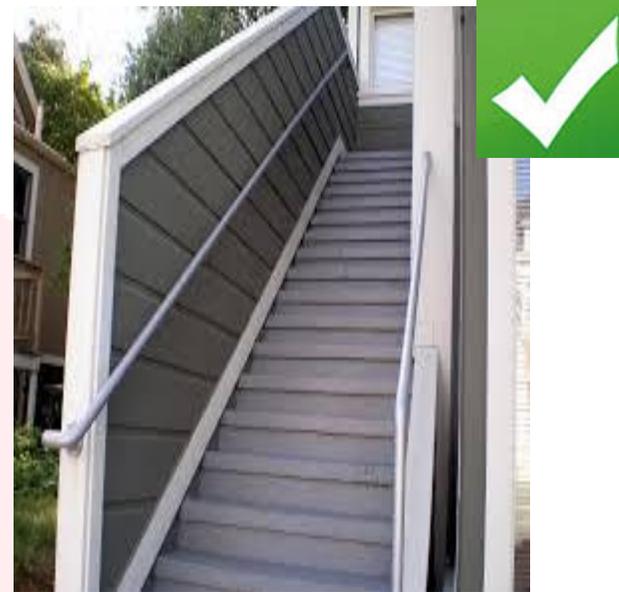
Difficulty Reaching in Kitchen



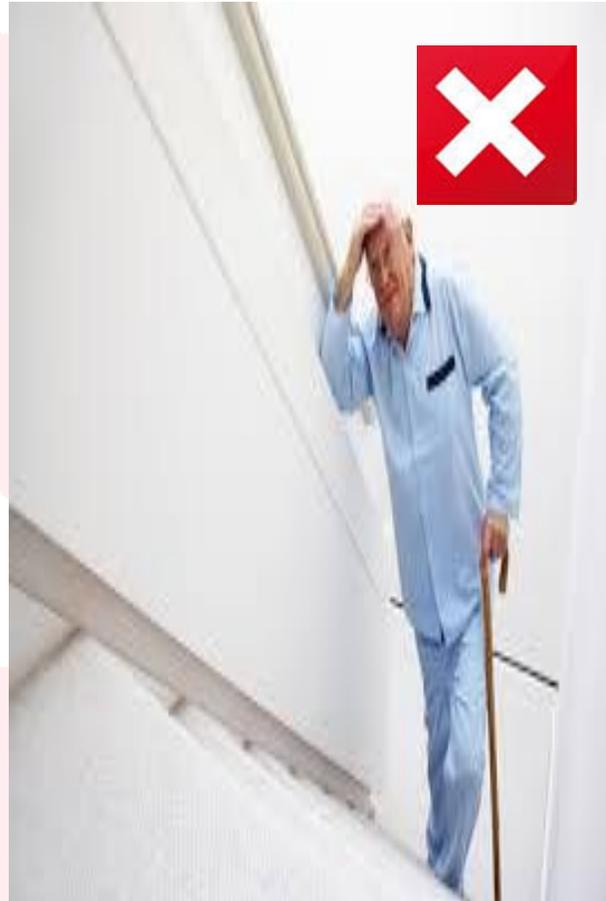
No Rail for Indoor Steps



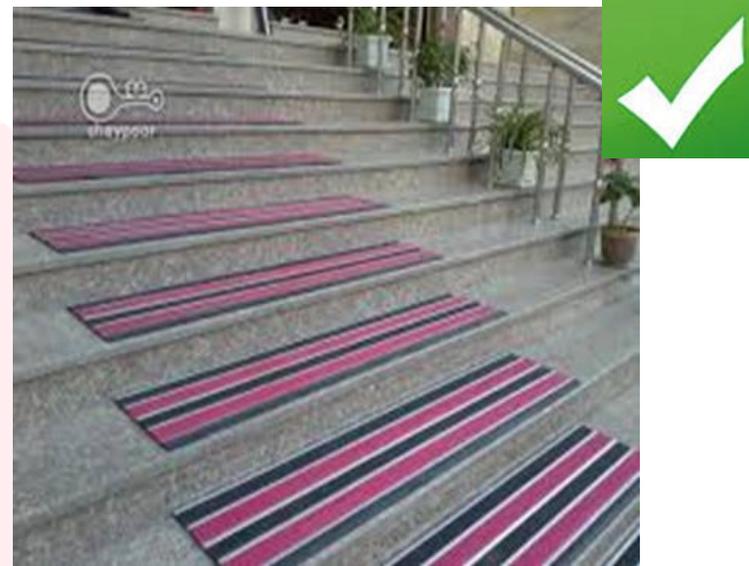
No Rail for Outdoor Steps



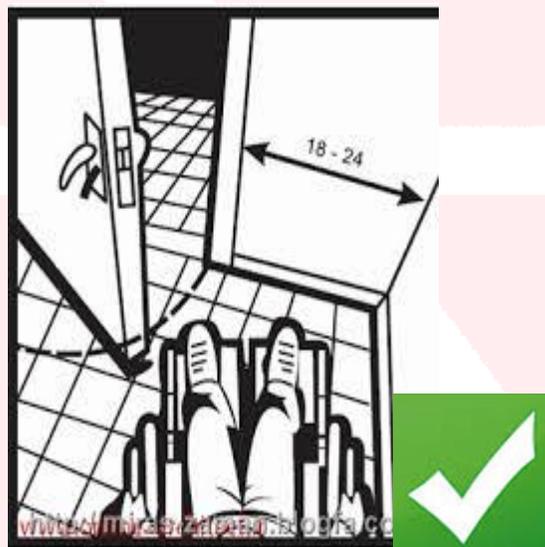
Unsafe Use of Steps



Unclear Stair Edge



Difficulty with Entrance



Unsafe Paths around the House



Unsafe Shoes



Thank You For Your Kind Attention

REMEMBER

**Your health is your greatest wealth. You
can began your journal to good health
today...**