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## BACKGROUND

Individuals with Neurodegenerative diseases such as Parkinson's disease and dementia syndromes are typically at falls risk mainly due to the deficits of motor and cognitive functions. These patients are often institutionalized but limited information is available regarding the frequency and circumstances of falls that occur in inpatient context.

## OBJECTIVE

This study aimed to: 1) identify the frequency and characteristics (causes, circumstances, consequences, treatments), of falls that occurred at Campus Neurológico Senior (CNS) from October 2013 until June 2015; and 2) define preventive strategies and interventions tailored to the specific causes of the falls identified.

## METHODS

Retrospective analysis of patient electronic charts of individuals institutionalized at a nursing home which provides multidisciplinary care to patients with Neurodegenerative Diseases. A fall was defined as a sudden, unexpected event that results in coming to rest unintentionally on the ground or at some other lower level<sup>1</sup>. Definition of preventive falls strategies aimed at minimizing the falls risk of inpatients based on the results obtained.

## RESULTS

Of the total of 278 inpatients in 20 months, 62 falls were registered. The group included 28 patients (50% men) with a mean age of 76 ( $\pm$  11) years with the following diagnosis: Alzheimer's disease, Parkinson's disease (and other Parkinsonian syndromes), and other dementia syndromes.

## RESULTS (CONT.)

From the patient charts, we observed that there was a higher incidence of falls after dinner (20%) when patients were in their rooms (40%). Most records were incomplete and the main omission was generally about the falls causes (89%), which in 18% resulted in minor trauma. There was also a lack of a common language use by the health professionals responsible for registering falls. Nurses were the health professionals that most registered the falls. Based on these results falls prevention strategies were defined and included a) the development of educational training sessions to all CNS professionals about when and how falls were happening at the nursing home, ways to prevent them and how to register them more effectively; and b) setting an alert period after dinner with more surveillance on people at higher risk.

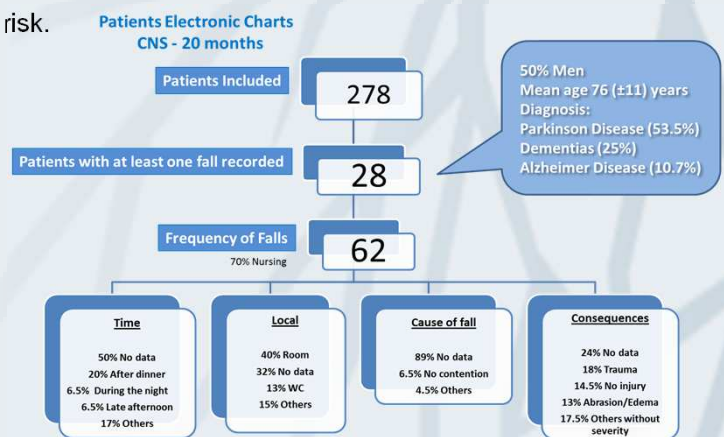


Figure 1. Information about falls from patient charts

## CONCLUSION

Our results show that falls are frequent in nursing home inpatient's context and occur mainly in the evening, when patients are most unaccompanied. Missing data is a sign that education strategies towards better registries are needed. Future assessments of falls records will be important in order to allow for better preventive strategies to be implemented.