



# Central Northern Adelaide Health Service Observations and Ideas

Falls prevention, harm minimizations and  
dignity

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**Government  
of South Australia**

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SA Health



1 in 5 people suffer a mental illness

- > All health professionals see people with mental health issues.
- > Do we always recognise it?
- > Do we make assumptions?
- > Do we misdiagnose?

# Scenario 1

- > 85 year old male Recently moved into a retirement home. Diagnosis of depression. Reported unsteady gait with several falls recently . Recent cognitive decline apparent. Sleeping a lot.
- > Medical History: Hearing impaired, diabetes, blood pressure, gout, cholesterol, arthritis, cataracts
- > What are some of the things you start to think about ?



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## Scenario 2

- > 85 year old gentleman relatively long term resident of RCF. Diagnosis of dementia but recently “aggressive” towards staff with “difficult to manage behaviours“
- > Recently disorientated and wandering into other residents rooms.
- > Unsteady gait, keeps forgetting w/frame.
- > Keeps going to the toilet
- > Talks about insects climbing up walls at night
- > Constantly plucking at bed clothes
- > What do you think about here



## Scenario 3

- > 75 year old woman with history of Bipolar affective disorder (taking lithium).
- > Lives alone.
- > Referred with a history of recent confusion / cognitive decline
- > Decline in mobility with frequent falls due to possible “Parkinson's’ disease.”
- > What do you think of here



## Scenario 4

- > 60 year old resident in an extended care unit. History of schizophrenia. Staff report increasingly agitated behaviours with frequent falls. Bruising evident both knees.
- > Bloating of abdomen noted.
- > Poor historian but cognitive decline apparent
  
- > What are some of the things you start to think about ?

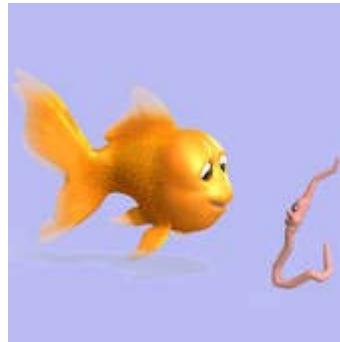


# Answers

- > 1. Investigations revealed poor medication compliance and understanding. Medical review/ Webster pack/ chronic disease management program/ exercise group.
- > 2. Delirium due to UTI. Treated.
- > 3. Investigations revealed lithium toxicity. Medication review education. Assistance with mobility aids and education while medication review in place.
- > 4. Investigations revealed constipation. Painful knees treated. Mobility balance review. Harm minimization interventions.

## We know that

- > Altered mental state does contribute to the risk of falls.
- > Often with adverse consequences in the elderly






But!

- > Everyone of these clients had good outcomes.
- > Their balance and mobility improved and they stopped falling with minimal intervention.
- > What can we conclude?

# Is everything as it appears ?

- > With an ageing population there is an increasing population with a predisposition to developing psychological and co existing health issues.
- > We need to recognize intertwining of mental and physical health issues.
- > Remember the importance of investigation.





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- > The ability to differentiate among three prevalent disorders of
  - > **delirium**
  - > **dementia**
  - > **depression**
  - > may lead to early identification and treatment of potentially reversible causes of confusion, and to an increase in the quality of life for older adults.



## Why worry about delirium?


- > Delirium is the most common psychiatric syndrome in acute care settings and one of the most preventable adverse events during hospitalisation. (At least 30 -40 % of cases are considered preventable.) It is grossly under recognised and poorly understood.
- > Once delirium occurs interventions are less effective so preventing delirium is the most effective strategy (Inouye, 2006, Foreman et al 2001)

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- > Differentiation requires skilled assessment
  - > This may be more challenging where there is a pre existing cognitive decline or mental health issue.




Remember the importance of referring on for expert help and for screening.

For example dementia screening includes but is not limited too:.....

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- > A good history
  - > Electrolytes, liver function tests
  - > Full blood Examination
  - > B12 and folate
  - > Iron studies
  - > Urine micro culture sensitivity
  - > Thyroid function tests
  - > Check whether the person is on drugs such as lithium, sodium valproate, digoxin etc and when they were commenced or altered.
  - > and don't forget syphilis screening may be appropriate

Advocate on behalf of our clients.





There is a tendency for health practitioners to look less into the medical status of the patient when the following occurs;

> The presenting symptoms fit into a well defined psychiatric syndrome:

or

> The person is known to have an established psychiatric diagnosis  
(Oppenheim, 1982)



## People with mental health issues often:

- > don't appear to access and receive the same treatment that PWOMI would expect.
- > Experience social isolation and lack of support.
- > Have associated behaviours that have high health risks (e.g. smoking, alcohol and other substance abuse, obesity, poor diet, lack of exercise).



# Intervention

- > Must always adopt a person centred and holistic approach based on a sound history and thorough assessment.
- > In practice evidence exists to support modification of risk.
- > Where history is difficult to obtain opportunistic assessment and intervention is probably warranted.



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