status, self-rated health and femur fractures. It was estimated the prevalence of falls (IC95%). The statistic differences were estimated by the qui-squared test, considering p<0,01.

Results: The prevalence of falls in the last 12 months was 7,8%(n=1825; IC95%: 7,3-8,4). It was observed a higher prevalence in women (9,6%), in people of 75 years old or more(11,6%). According to the health characteristics, the prevalence was higher in olders with bad self-related health (14,8%). Among those who experienced falls, 8,3% had femur fractures as a consequence, these 13.4% made without surgery prosthesis placement.

Discussion/Conclusion: The prevalence of falls was low comparing to previous studies performed in Brazil and other countries. However, the associated factors and consequences are similar to the related in literature before: fractures, females, advanced age, bad self-related health, conditions that may make old people, more susceptible to this harm. Thus, one conclude that knowledge of these factors is important to support the planning of preventive measures and policies to prevent falls and their consequences.

FACTORS RELATED TO FALLS AND FEAR OF FALLING IN KOREAN OLDER ADULTS WITH CHRONIC DISEASE

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Elderly with previous fall experience perceives more fear of falling and lead sedentary life style. Fear of falling as well as falls in older adults are one of the most important health problems that healthcare providers should pay attention to. Nevertheless, there are limited evidence of falls and fear of falling. This study was conducted to identify factors influencing falls and fear of falling among older adults with chronic disease in Korea using a descriptive cross-sectional survey design. A convenience sample of 108 patients was recruited at a geriatric outpatient department of a tertiary hospital in Seoul, Korea. Demographic characteristics, comorbidities, medication use, falls history, level of physical activity, activities of daily living, mobility, muscular strength, and fear of falling were investigated. Student t-tests, Chi-square tests, and multiple linear regressions were utilized in statistical analysis. The mean age of the participants was 80.25 ± 5.1 years. Hypertension was the most prevalent disease (67.6%), followed by ophthalmologic disease (61.1%) and ischemic heart disease (59.3%). Thirty six participants (33.3%) reported that they had experienced one or more falls in the past year. Marital status and use of antipsychotics was associated with falls, while other factors did not show significant relationship with falls. The number of comorbidities, level of physical activity, activities of daily living, and mobility were predictors of fear of falling in the regression model. In conclusion, increase of physical activity, functional fitness, and physical independence is important to decrease fear of falling and encourage active and healthy life in older adults.

FALL RISK FACTORS IN MID-AGE WOMEN: RESULTS FROM THE AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

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In contrast to older adults, little is known about risk factors of falls in adults aged 50–64 despite a high prevalence of falls in this age group. The aim was to identify risk factors of falls in mid-age women and explore how associations change with age. Data were from 11,226 participants in the Australian Longitudinal Study on Women's Health aged 50–55 years in 2001 (born 1946–51). A wide range of health and lifestyle predictors were measured in the 2001, 2004, 2007 and 2010 surveys. Falls in the past 12 months were measured in the 2004, 2007, 2010 and 2013 surveys. Associations between predictors and reported falls 3 years later were analysed using logistic regression. In surveys 2004–2013, 20.5%, 30.6%, 30.6% and 26.6% of women reported a fall in the previous 12 months, respectively. In the univariable models, most factors were associated with falls. In the multivariable models, higher odds of falling were found for overweight and obese women compared with healthy weight women at all time points (OR=1.16–1.43). Impaired vision (OR=1.24–1.35), poor physical functioning (OR=1.23–1.66) and frequent severe tiredness (OR=1.27–1.49) were associated with falls at three time points. Depression (OR=1.31–1.42), leaking urine (OR=1.46–1.49), stiff/painful joints (OR=1.34–1.63) and HRT use (OR=0.69–0.80) were associated with falls at two time points. There was no obvious age-related increase or decrease in the number of statistically significant associations. Identified fall risk factors varied over time, highlighting that falling involves a complex interplay of risk factors in mid-age women.

KAATUMISSEULA®: IMPLEMENTATION OF EVIDENCE-BASED FALL PREVENTION FOR COMMUNITIES

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Compelling scientific evidence shows that every third fall can be prevented. Effective measures need to be based on knowledge of individual fall risk. This underscores importance of fall risk screening. In Finland, risk screening and preventive measures are not used systematically. Thus, implementation of evidence-based methods for communities is necessary. In the present economic situation, resources of the voluntary and non-profit sector (NGOs) should also be utilized.

The main objective of KaatumisSeula® project is to create local models for fall risk screening and implementing evidence-based preventive measures. The models are based on co-operation between local public sector and NGOs. Primary risk screening is offered for older people by public sector and NGOs. People with high fall risk are referred to comprehensive assessment of individual fall risk and tailored implementation of fall prevention measures by educated health care professional(s). This approach is based on the *multifactorial* Chaos Falls Clinic Study. NGOs play a central role in not only screening but also informing about fall prevention measures and offering accessible balance and strength training - the most effective *single intervention* in fall prevention.

The models are now in operation in 2 municipalities. NGOs are active and keen in their role. Two Falls Clinics

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have started and almost 400 high risk older adults have found their ways to the multifactorial assessment. Public sector and NGOs have received education. New exercise groups have been established.

KaatumisSeula® is a feasible approach to screen the fall risk of older adults and implement preventive measures in community.

THE EFFECTS OF NUTRITION ASSESSMENT BY PREALBUMIN ON FIM SCORES IN PATIENTS WITH FALL AND FRACTURE

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Background: Fall is leading cause of injury in elderly persons. Nutritional status is an important aspect of elderly life that influences quality of life in patients with fall and fractures.

Objectives: To evaluate the effects of nutritional assessment by prealbumin level on Functional Independence Measures (FIM) and Length of Stay (LOS)in elderly population with fall and fracture in rehabilitation hospital.

Methods: This study design was a one group pretest-posttest without a control group. Seventy one patients (n=71) 65 years or older with a diagnosis of fall and fracture recruited. Nutritional status was evaluated using the pre-albumin levels. Nutritional intervention implemented for participants who had prealbumin level of 18>mg/dl. Outcomes measures were discharge FIM scores and LOS.

Results: Fifty four patients (76%) were required nutritional interventions. Prealbumin levels, FIM scores, and food intake were significantly improved from admission to the discharge, for Prealbumin levels, t (71) = 7.53, $p<0.01$; X= 14.97 versus 19.42, and for total FIM scores, t (71) =21.45, $p<0.01$; X=1.82 versus 4.41. There was no significant correlation found between prealbumin changes and improved total FIM scores. Improved total FIM scores and self-care has significant negative correlations with LOS (r= -0.46, $p<0.01$) and (r=-0.47, $p<0.01$) respectively. Fifty six patients (78.9%) gained prealbumin with a mean gain of 6.1 mg/dl. Prealbumin gain was associated with higher FIM scores and lower LOS.

Conclusions: In patients who suffered a fall with resulting fracture, improving nutritional status is associated with improvement of functional levels and a decreased length of stay in rehabilitation hospital.

STAFF RESPOND POSITIVELY WHEN OLDER PATIENTS ARE PROVIDED WITH FALLS PREVENTION EDUCATION

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Providing older patients with individualized falls prevention education was found to significantly reduce rates of falls and injurious falls on hospital rehabilitation wards. The aim of this study was to understand how staff responded to the education and how they perceived the program impacted on falls prevention on their wards. Focus groups were conducted. Participants were clinical staff who were recruited from hospital aged care rehabilitation wards which had previously participated in a cluster randomized trial. During the trial trained health professionals provided individualized falls prevention education to (n=757) patients with good levels of cognition (Mini-Mental State Examination > 23/30). Staff were also provided with training to support the program. Staff feedback was sought after the trial concluded. Data were thematically analysed. Five focus groups were conducted at different hospitals with (n=30) multidisciplinary staff. Staff perceived that the education program generated a positive culture around falls prevention on the wards. The program facilitated a team approach, whereby patients and staff worked together to address falls prevention, with the educator viewed as a valued member of the team. Staff identified that providing patients with education increased their own knowledge and awareness about creating a safe ward environment. Patients being proactive and empowered to engage in falls prevention strategies was viewed as enhancing staff falls prevention efforts and motivation to change practice. Providing individualized patient education to patients with good levels of cognition can empower staff and patients to work as a team to address falls prevention on hospital rehabilitation wards

CHARACTERISTICS OF THE PATIENTS WITH FEAR OF FALLING SYNDROME IN MEXICAN ELDERLY

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The Fear of Falling Syndrome (FoF) is the feeling that a person has to be in constant risk of falling, without necessarily be preceded by a fall. We conducted an analytical observational study, with patients ≥65 years old, from reference hospital of Institute of security and social services state workers. Who meet criteria for fall syndrome. As socio-demographic variables, anthropometric, clinical and biochemical data were collected. 114 patients were included, 39 of them met FoF criteria, the mean age was 82.5 years (SD + 7.46), and 78 (68.4%) were women. The main geriatric syndromes encountered were major depressive disorder 80 (70.2%), frailty 54 (47.4%), sensory dysfunctions 98 (85.9%), urinary incontinence 58 (50.9%), gait and balance disorder 86 (75.4%), polypharmacy 107 (93.9%). The functionality of activity of daily living scale was evaluated with the Katz scale, founding 41 patients (36.8%) A, 24 (21.9%) B, 10 (9.6%) C, and less functionality 36 (31.7%) patients. Instrumental activity of daily living was evaluated using Lawton scale founding > 5/8 18 (15.8%) patients. The FoF prevalence was 34%, and was associated to patients with lower albumin levels (p=0.04), higher HbA1c levels (p=0.02) and we identified urinary incontinence OR 1.32 (CI 95%: 1.01–1.72) p=0.03 and orthostatic hypotension OR 10.56 (95% CI 9.97–11.17) $p < 0.01$. Declining functionality for FoF leads the elderly person to a loss of quality of life. Knowledge of this entity is

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