

Incidence & Predictors of Falls in Older Adults with Cataract

Key findings

- In a cohort of 329 patients aged ≥ 65 years with bilateral cataract, one in three experienced a fall during their wait for first eye cataract surgery.
- The incidence of falls during the surgical wait was 1.2 per person-year (95% CI 1.0–1.3).
- Greater walking activity, poorer quality of life and a fall in the prior 12 months were associated with an increased rate of falls during the first eye cataract surgery waiting period.
- Almost one half (49%) of falls were injurious, including 15 head injuries and 2 fractures.

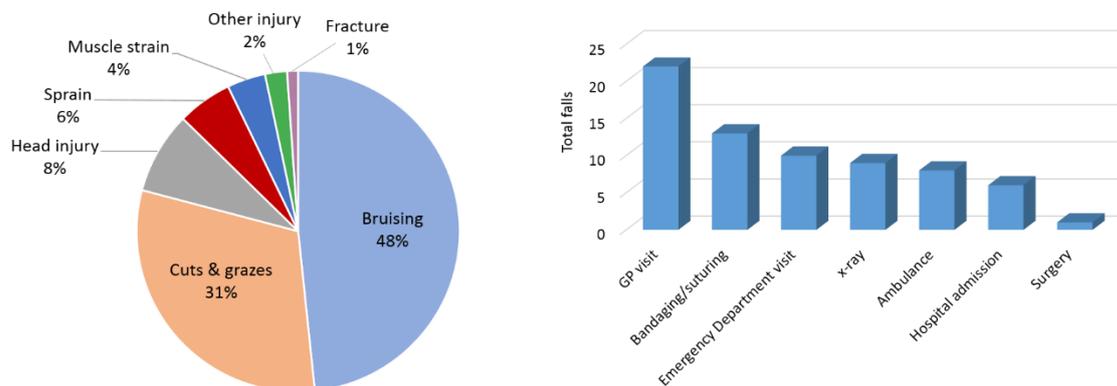


Figure: Injuries sustained and treatment received for falls (n=267) experienced by 329 patients aged ≥ 65 years with bilateral cataract during their wait for first eye cataract surgery (median time of observation = 176 days [range 2–730 days]).

What we know about the issue

- Existing evidence suggests a three-fold increase in fall risk in those with cataract. (Ivers 1998; McCarty 2002)
- Visual associations with fall risk have been widely reported and include reduced visual acuity and contrast sensitivity (Lord 2006; Patino 2009), impaired depth perception (Lord 2002), and visual field limitations (Freeman 2007).
- The single randomised controlled trial of the impact of expedited cataract surgery on fall risk found a 34% reduction in falls resulting from the provision of cataract surgery within one month of referral compared to a routine 12 month wait. (Harwood 2005)

What this research contributes

- These findings demonstrate a substantial rate of falls and fall injury in older adults with cataract awaiting surgery.
- Within this relatively homogenous cohort, all with clinically significant cataract, measures of visual function inadequately predicted fall risk.
- Measures of exposure to falling (i.e. walking activity) may prove key to delineating fall risk in the older population during their wait for cataract surgery, i.e. an active older person with cataract may fall more by virtue of increased opportunity for falls.
- Applying Harwood's 34% reduction in falls to our own cohort suggests the burden of falls may be significantly reduced if wait times are curtailed, i.e. an estimated 91 falls potentially avoided. Further confirmation of the impact of cataract surgery, including expedited surgery, on fall risk is needed.