

across 2 day care centres participated in the study attending dance therapy sessions for 3 months. All of them self reported problems of balance and repeated falls alongwith difficulties in performing Activities of Daily Living. Twenty one of them were females and 3 males. The mean age of the participants was 75.5 years. Limits of Stability (LOS) was used to measure balance and pre tests and post tests were performed. Results showed that the Limits of Stability were significantly higher (17.5%) in older persons after participating in the dance therapy sessions. This study supports that dance therapy using movements derived from Indian classical dance forms can support older persons to function with reduced risk of falls, improved balance, safely carry out mobility tasks and perform better Activities of Daily Living . Further studies can show how dance therapy can facilitate healthy ageing and influence State policies on healthy ageing.

EVALUATION OF RACE AS A PREDICTOR OF FEAR OF FALLING IN BLACK OLDER ADULTS

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Fear of falling (FOF) is a common issue and health concern reported by adults 65 years of age and older. There is mixed evidence about potential disparity in fall incident rates due to race and FOF, and it is unclear if and under what circumstance falls rates and risks differ by racial ethnicity. The purpose of this study is to determine if race predicts fear of falling in older adults at greater risk for falls; and to examine the relationship between activities of daily living (ADL) and mobility performance measures with FOF. A cross-sectional observational study was used to examine predictors of FOF among community dwelling-older adults using data from two longitudinal randomized clinical trials (RCT). Participants (N=259) had a mean age of 75.7 ±7.4, 78.8% female, 80.64% Black, and 77.03% White or Other, with ≥ 1 fall in the last 12 months. Subjects completed a demographic profile; the Tinetti and Short Falls Efficacy Scale to assess FOF; and activities of daily living (ADL) and mobility performance scales to assess function. The chi square analysis revealed Black older adults were two times more likely to report FOF (OR = 2.17, 95% CI = 1.14, 4.15; p=.05) in comparison to White older adults. The regression analysis demonstrated that race is a significant factor to predict FOF (OR = .67, 95% CI = 1.21, 3.24; p=.05); and the descriptive analysis revealed significantly worse ADL and mobility function scores within the high FOF group.

FALL PREVENTION IN DUTCH PHYSICIAN PRACTICES: A DESCRIPTIVE STUDY

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Falls are an important health threat among frail older people. Physicians are often the first to contact for health

issues and can be seen as designated professionals to provide fall prevention. However, it is unknown what they exactly do and why regarding fall prevention. This study aims to describe what physicians in the Netherlands do during daily practice in regards to fall prevention. About 65 physicians (34 practices) located throughout the Netherlands were followed up for 12 months. When a physician entered specific ICPC-codes related to frailty and falls in the Hospital Information System, the physician received a pop-up asking if the patient is frail. If so, the physician subsequently completed a questionnaire. The physicians completed 1396 questionnaires. More than half (n=726) of the patients had experienced a fall in the previous year and/or had a fear of falling (FOF) and 37% of these patients received fall prevention. Physicians did not know of 20% of the patients if they had experienced a fall and of 29% of the patients if they had a FOF. The three most often treated underlying causes were mobility problems, FOF and cardiovascular risk factors. The results show that physicians are not always aware of a patient's fall history and/or FOF and that only part of these patients receives fall prevention. Hence, it might be important to develop and implement strategies for systematic fall risk screening and fall prevention provision in the primary care setting to reduce falls among frail older people.

IMPROVED PROCESSING SPEED IS A POTENTIAL MECHANISM BY WHICH EXERCISE REDUCES FALLS

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A 12-month trial demonstrated the Otago Exercise Program (OEP), a home-based exercise program of strength and balance retraining exercises, significantly reduced the rate of subsequent falls among 344 older adults receiving care after a fall (JAMA, 2019). A significant improvement in processing speed, as measured by the Digit Symbol Substitute Test (DSST), was also observed. Given the DSST is a predictor of falls, we conducted mediation analyses to determine whether improved DSST mediated the effects of OEP on rate of: 1) total falls; 2) non-injurious falls; 3) mild injurious falls; and 4) severe injurious falls over the 12-month trial. Our causal mediation analyses were conducted using the mediation package in R, using quasi-Bayesian estimates and 95% confidence intervals. Compared with usual care, OEP significantly reduced the rate of total falls (IRR= 0.64; 95% CI: 0.44, 0.91; p= 0.013) and mild injurious falls (IRR= 0.49; 95% CI: 0.31, 0.77; p= 0.002). Improved DSST score was also associated with lower mild injurious fall rates (IRR= 0.95; 95% CI: [0.91, 0.99]; p= 0.014). Formal mediation analyses showed that improved DSST was a significant mediator of the effect of OEP on the rate of mild injurious falls (95% CI: -0.15, 0.00; p= 0.036). Improved processing speed may be a mechanism by which exercise reduces mild injurious falls.

MEASURING FEAR OF FALLING AND APPRAISALS OF HARM

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