Fear of falling (FOF) causes premature disability in older adults who limit their physical activities, making FOF an important area for aging research. Measures of falls self-efficacy have been widely used, but less attention has been paid to measuring the construct of fear. We re-assessed an older measure of fear and appraisals of harm to determine the factor structure and potential for a shorter version. Data was collected from 329 older adults from a variety of community setting (mean age 76.3, 84% female, 81% White); 63.8% reported FOF. Factor analysis resulted in four factors with eigenvalues greater than 1.0. Two factors achieved adequate Cronbach's alpha: appraisals of harm outcomes (0.924) and social stigma (0.815). Further analysis was used to identify a short form, resulting in a 6 item measure of appraisal of harm outcomes (Cronbach's alpha 0.86). The original and short versions were moderately correlated with falls self-efficacy as measured by the short form, and level of fear of falling using a 10-point rating scale (.327 - .492). Research is needed to further clarify psychological targets to help older adults remain physically active to improve quality of life.

MEDICATION PRESCRIBED WITHIN 1 YEAR PRECEDING FALL-RELATED INJURIES IN OLDER ADULTS IN ONTARIO, CANADA

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Background: The consequences of fall-related injuries are becoming more significant due to ageing societies worldwide. This study aims to provide information on medications prescribed to older adults within one year before they experienced fall-related injury in Ontario, Canada. Methods: A population-based descriptive study of older adults (66 years and older) who experienced fall-related injury was conducted using administrative secondary health care data of Ontario. The percentages of patients prescribed each Anatomical Therapeutic Chemical 4th level medication class and fall-risk increasing drugs one year before their fall-related injuries was summarized. Results: From 2010 to 2014, 288,251 older adults (63.2% females) were admitted to Emergency Department due to fall-related injury, 39.9% were fall-related fractures, 12.6% were head injuries. One year prior to their injury, 48.46% of older adults were prescribed with statins; 35.23% were prescribed with diuretics; 26.84% were prescribed with antidepressants; 25.90% were prescribed with opioids and 16.61% were prescribed with anxiolytics. A higher percentage of females were prescribed with diuretics, antidepressants, and anxiolytics than males. 85 years and older people had higher percentage of prescription of diuretics, antidepressants and antipsychotics than other age group. Discussion: In general, older adults diagnosed with fall-related injuries were prescribed with more opioids, benzodiazepines and antidepressants than other general older adults. There were distinct patterns of prescription medication within each sex and age group (66-74 group, 75-84 group and 85 years and older group). Further association between medications and fall-related injuries need to be established using well-defined cohort studies.

MOTORIC COGNITIVE RISK SYNDROME USING 3-ITEMS RECALL TEST AND ITS ASSOCIATION WITH FALLS

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Motoric cognitive risk (MCR) syndrome is defined by the presence of subjective cognitive complaints (SCCs) and slow gait. Its components have synergistic effects to predict various adverse health outcomes. However, some studies reported SCCs might be influenced by cultural differences. Therefore, we devised another criterion to assess the cognitive aspect of MCR to enhance its utility irrespective of the cultural background of the subject by examining the association of MCR and its components with fall-related outcomes. This cross-sectional analysis included 2,641 community-dwelling older adults aged 70-84 years from the Korean Frailty and Aging Cohort Study. These participants did not have dementia and had no difficulties in performing activities of daily living. The newly devised criterion for cognitive aspects of MCR is based on three items recall test on Mini-Mental State Examination. One-hundred-ninety participants (7.2%) met the criteria of MCR using three items recall test. Unlike MCR using SCCs, newly defined MCR showed synergistic effects with fall-related outcomes. Participants with MCR using three items recall test showed a higher risk for falls in the past 1-year (odds ratio [OR] 1.59, 95% confidence interval [CI] 1.08-2.34), recurrent falls (OR 1.86, 95% CI 1.10-3.13), fall with injury (OR 1.60, 95% CI 1.10-2.34), fear of falling (OR 2.77, 95% CI 1.90-4.03), and low activities-specific balance confidence (OR 2.86, 95% CI 1.78-4.60) compared to each component, except for fall with fracture. We found MCR with three items recall test helped predict fall-related outcomes in clinical settings regardless of the cultural context.

NURSES' FALL PREVENTION INTERVENTIONS IN NURSING HOME PATIENTS WITH ACUTE VERSUS CHRONIC UNDERLYING CONDITIONS

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Nursing Home (NH) nurses care for over 1.6 million older residents each year. Among this vulnerable population, an estimated 50 percent of older residents fall each year. Although licensed nurses caring for NH residents who fall intervene to prevent fall recurrence, we know little about nurse's perceptions of the most effective interventions for various types of falls they manage. The purpose of this qualitative study is to describe and compare licensed nurse's perceptions of fall prevention interventions believed to be due to acute underlying causes of a fall versus those believed to be due to chronic underlying conditions. This study is a secondary analysis of existing qualitative data from a multi-site parent study conducted in three NH sites in the northeastern U.S. designed