

Time to use our heads

Nick Rushworth on the under-reported link between falls and traumatic brain injury in the elderly.

While it might be common knowledge that falls are the leading cause of injury admissions to Australia's hospitals, perhaps it's less well-known that falls are now also the leading cause of traumatic brain injury (TBI) – accounting for two in every five TBI hospitalisations in 2004-2005.

This is not because more teenagers have determined to take drunken dives from balconies at 2 am on weekends, but because of the ageing of our population. Some 3300 older people were admitted for a falls-related TBI in the same year.

Overall, TBI is ten times as common as spinal injury and produces, on average, three times the level of disability – because it is the brain that is injured. And those who sustain a TBI can experience a range of disabilities that will affect them, not only physically, but also in the way they think, feel and behave.

Brain Injury Australia has recently completed a policy paper for the Government on falls-related TBI, particularly in older people. Its findings came as a revelation.

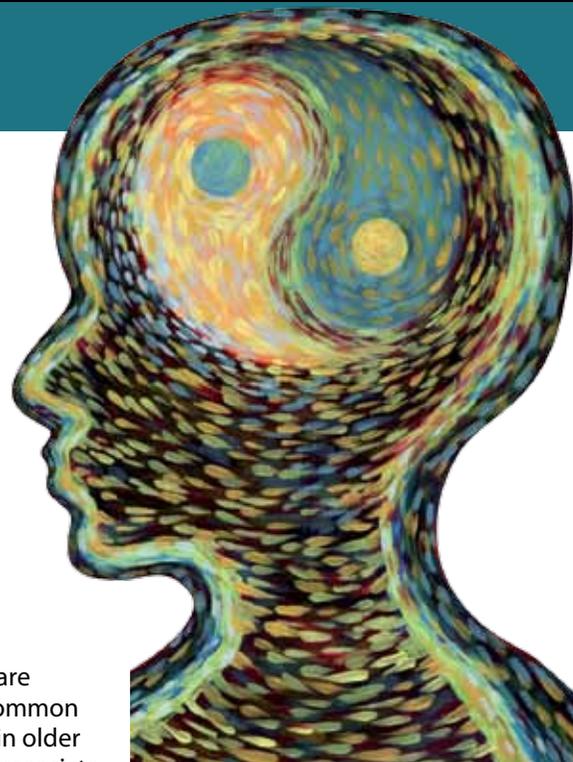
Firstly, while it was no surprise that those aged 85 years and over – the fastest growing segment of Australia's population – have the highest falls, falls injury, TBI and TBI death rates, it was still shocking how high their death rates actually were. Every local and international study of TBI outcomes in the "old old" demonstrates "100 per cent mortality". To be blunt; if you reach that age, fall over and hit your head, you die. And it doesn't take much in the way of a head injury to bring about such a dreadful result. While the overwhelming majority of head injuries – across all age groups and causes – are mild in nature, what's mild for an 18-year-old is bound to be much more than that for someone in their 80s. The research indicates that with every additional 10 years of age at injury, the odds on a poor

outcome from TBI increase by 40 to 50 per cent.

Secondly, even though fall-related injuries to the head are consistently the second most common after hip fracture, head trauma in older people is often overlooked and appropriate neurological assessment and monitoring forgotten. Such checking is vital since older people run a much greater risk of bleeding in the brain following head trauma. Add blood-thinning medications like warfarin (that prevent stroke) to the mix and that risk increases dramatically.

Thirdly, Brain Injury Australia conducted a comprehensive scan of the nation's falls prevention programs and, though rates of falls-related injuries to the head are rising while those for hip fracture are falling, brain/head injury just doesn't feature in the literature. Hip fracture appears regularly. We believe that it is the responsibility of public health initiatives in injury prevention to not only cater for the information needs of this generation of older people, but also look over the horizon at those coming through. Insofar as current consumers of falls prevention programs are motivated by the threat to their physical independence from hip fracture, Australia's ageing "baby boomers" are just as likely to respond to the potential loss of mind, and changed behaviour, from a TBI. Otherwise, why are they bothering with crosswords and sudoku?

Lastly, and maybe I'm guilty of unfairly characterising the nation's medical specialists; their prevailing stereotype of a falls-related TBI in the old is someone demented – or dementing – in residential aged care. And the prevailing attitude of some of them; what's a little TBI on top of their Alzheimer's? It's all just age-related brain "failure", a "complication" of dementia. (In fact, while the rate of falls in residential aged care is much higher, the majority of them occur in the community, in the home.)



Brain Injury Australia's initial ambitions are always modest; the mere mention of brain or head injury alongside other injuries as a falls risk. Australia, like the rest of the developed world, is facing a "perfect [demographic] storm" that will likely result in a sharp increase in falls-related TBI – the combined effect of ageing in place policies with increased life expectancy and enhanced survivability from injury, due to improvements in acute care. The US Center for Disease Control has read the writing on the wall and is currently engaged in an awareness campaign targeting TBI in "seniors". And most falls-related TBIs, as with falls generally, are highly preventable, as is "secondary" TBI from bleeding on the brain.

Men and women can be convinced that climbing a ladder to clear gutters or change a light bulb may not be as smart at 70 or 80 as it was when they were 40 or 50. Hazards around the home – something as simple as shoes left on a bedroom floor to trip over during a midnight run to the toilet – can be removed. Older people's medication, including blood-thinners, should be regularly reviewed and their vision checked. And residential aged care facilities and hospitals can be convinced to make "did you hit your head?" the first question asked of the fallen, from which all other assessment and management proceeds.

Nick Rushworth is executive officer of Brain Injury Australia. To download a copy of Brain Injury Australia's policy paper on falls-related traumatic brain injury, go to www.braininjuryaustralia.org.au



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