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Translation of a Falls Prevention Behavioral Intervention for Family Caregiver Administration

Victoria Panzer[1]PhD, Veronica Smith[1], MA, PT, Dorothy Wakefield[2], MS and Richard Fortinsky[2], PhD

[1] Brookside Research & Development, Freeland, WA
[2] Center on Aging, University of Connecticut School of Medicine, Farmington, CT

Objective: FallsTalk (FTstd) is a one-month evidence-based falls prevention (FP) program utilizing behavioral intervention principles to focus an individual's attention on the underlying causes of their falls. We translated the program for family caregivers (CG) of persons with cognitive impairment or dementia (PwCID) to administer to their loved ones and examined the number of new FP behaviors (#newFPBs) reported.

Methods: Participants were 34 Dyads (CG+PwCI) who were trained to conduct brief daily FP discussions together using paper (FTstd) or computerized (FTC) guides. All Dyads had Initial and Follow-up Interviews and three check-in calls. FTC included discussion suggestions tailored to CG concerns. To examine the use of technology, we compared #FPBs between groups including Age (<80 or >=80), Mini-Mental Status Exam (MMSE >25 or <=25) and all relevant interactions using Poisson regression. To evaluate the influence of CG participation, we compared the present data to FTstd clinical trial data (no CG- cognitively normal).

Results: No independent effects of Gender or Age were observed. Dyads using technology reported significantly more #newFPBs (M_{noTech}=5.34, M_{Tech}=8.16; p=.004). A significant TreatmentxMMSE interaction demonstrated that technology significantly benefited those with MMSE<=25 (M_{noTech}-MMSE<=25 =4.23, M_{Tech}-MMSE<=25 =9.01; p=.047). In comparison to FTstd, CG involvement resulted in **substantially increased** #newFPBs (M_{std}=1.39, M_{CG}=7.21; p<.0001). A significant AgexMMSE interaction demonstrated that <80-MMSE<=25 reported significantly more newFMBs than >=80-MMSE<=25 (M<80-MMSE<=25 =4.38, M>=80-MMSE<=25 =2.06; p=.0026).

Conclusion: FTC provides an effective means to promote new FPBs in PwCID. The influence of CG involvement and technology show promise in encouraging behavioral change to prevent falls.