

Preventing Brain Injury Among Seniors

This article is an excerpt from: Brain Injury: The Golden Years --- Understanding and Preventing Adult Brain Injury.

There are physical changes in older individuals that make their brains more vulnerable to injury and reduce their chances to recover (Patrick, 1996). Generally speaking, older individuals have longer hospital stays, take longer to recuperate, need more time and effort to reach the same level of recovery that younger individuals attain and often have a less positive prognosis, recovery and outcome (Pilisuk & Feinberg, 1996). Studies have shown that the incidence of brain injury goes up sharply after age 70 (Pilisuk & Feinberg, 1996).

Falls

People over the age of 65 have a very high rate of injury due to falls. In fact, falls are the leading cause of brain injury in the elderly. There are several factors that contribute to the great danger of falls to older individuals, including:

- ♦ Some elderly people take medications that may affect perception and/or balance, therefore increasing the risk of falling (Patrick, 1996)
- ♦ Many individuals over the age of 65 also may have other medical conditions, apart from a brain injury, that make falls likely (i.e., visual limitations, orthopedic problems)
- ♦ External factors associated with falls among the elderly include a history of one or more prior falls, lack of exercise, improper footwear and hazards in the home

Preventing Falls

Even older people (ages 65 and up) should exercise regularly, as daily physical activity will increase a person's strength and sense of well-being. There are many exercises that improve balance, and health care providers can guide individuals to the exercise program that is best for them.

Another important preventative measure is home safety checks. During these checks, items that may pose potential trip hazards like magazines and shoes should be removed from stairs and all walking areas. Frequently used items should be stored in easy-to-reach places where using a step stool or chair is not necessary. Improved lighting in the house can help elderly people see better and reduce falling. Handrails and lights should be installed on all stairs and outside areas, as well as bathrooms.

Motor Vehicles and Older Drivers

According to the National Highway Traffic Safety Administration (NHTSA), today's senior citizens are mobility-minded and electing to drive longer (1999a). Some older drivers, however, are unable or unwilling to correctly assess their driving capabilities to continue operating a motor vehicle safely. Changes in visual acuity, ability to focus on daily occurrences, reaction time, coordination under stress and ability to effectively react to stress-related situations are common factors in the aging process. The changes in driving habits that occur as a result of aging can be directly attributed to physical changes.

Preventing Motor Vehicle Injury

Elderly individuals that have difficulty driving can be referred to a local assistance agency that can coach and counsel them on safe driving habits. Elderly individuals should be encouraged to reduce the amount that they drive and the conditions they drive in (i.e. nighttime, inclement weather, interstate driving).

Pedestrian

According to NHTSA (1996), older pedestrians (age 70 and older) had the highest pedestrian fatalities in 1995, accounting for approximately 18%. The pedestrian fatality rate among this group was higher than that of any other, with the second highest pedestrian fatality rate coming from the next older group of 55-to 64-year-old individuals (NHTSA, 1996). Factors contributing to these pedestrian casualties include: 1) a lack of pedestrian safety practices, 2) improper pedestrian behaviors, 3) the physical impairments of many elderly walkers and 4) alcohol involvement of driver and/or pedestrian (NHTSA, 1996).

Preventing Pedestrian Injury

To prevent pedestrian injury and death, people should remember to:

- ♦ Use sidewalks. If no sidewalk is available, walk in the street facing traffic
- ♦ Cross only at intersections and crosswalks. Never cross the street between parked cars
- ♦ Look left, right and left again for traffic before stepping off of the curb
- ♦ Walk where you are visible to drivers
- ♦ When walking after dark, always wear reflective clothing

Suicide and the Elderly

Although authorities agree that many suicides are not reported, the National Center for Health Statistics records that between 25,000 and 30,000 self-inflicted deaths occur in the United States each year (NCADI, 1999). For every death from suicide, it is estimated that eight other attempts were made (NCADI, 1999). Suicide among the elderly (65 years of age and older) is becoming an increasing problem and high rates of alcohol involvement have been found among individuals who commit suicide by using firearms. Although the reasons for firearm death vary by age, 98% of people ages 65 and older that die by firearms have committed suicide.

Preventing Suicide

The diagnosis and treatment of suicide requires trained professionals. The information provided is to be used for educational purposes only. It should not be used as a substitute for seeking professional care for the individual who has talked about suicide. If you feel that someone is suicidal, do not be afraid to ask - a suicidal person needs to see a doctor or psychiatrist immediately. Follow through when getting a person help by being available for doctor's appointments, explaining medications and support in general. Remove any weapons from the home.

Outcome After Elderly Brain Injury

Most of the knowledge about outcome in older individuals with brain injury comes from studies involving age groups (Englander & Cifu, 1999). These studies have documented the effect that increasing age has on poorer outcomes and increasing deaths. The majority of these studies show a poorer prognosis for the older than the younger adult, with a correlation noted as young as 40 years (Englander & Cifu, 1999).

The National Institute on Disability and Rehabilitation Research (NIDRR) supports these findings in their TBI Model Systems Data Set, which revealed that individuals aged 55 and older:

- ♦ Had significantly longer, more costly stays on rehabilitation units
- ♦ Recovered approximately half as quickly
- ♦ Had greater cognitive impairment at discharge than a group of individuals 55 and under who were matched for similar injury and severity (Cifu et al., 1996)

Older individuals in good health tend to have better outcomes than ones who are in poorer health, have medical conditions or problems associated with aging. The severity of the injury and the time it takes to receive the proper medical attention all will affect the outcome of these older people. As always, the only cure for brain injury is prevention.

References

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