

Multiple Long-Term Conditions and Disability are Independently Associated with Higher Risk of Fall Among Community Adults: A Cross-Sectional Study [Letter]

Rong Wang¹, Li Yao²

¹School of Nursing, Ningxia Medical University, Yinchuan, Ningxia, 750004, People's Republic of China; ²Department of Cardiovascular Medicine, General Hospital of Ningxia Medical University, Yinchuan, Ningxia, 750004, People's Republic of China

Correspondence: Li Yao, Department of Cardiovascular Medicine, General Hospital of Ningxia Medical University, Yinchuan, Ningxia, 750004, People's Republic of China, Email 13995088029@163.com

Dear editor

I recently had the opportunity to review the article titled “Multiple Long-Term Conditions and Disability are Independently Associated with Higher Risk of Fall Among Community Adults: a Cross-Sectional Study” by Alenazi et al,¹ published in the Journal of Risk Management and Healthcare Policy. I am very interested in this successful article and would like to provide some constructive feedback.

Strengths of the study: 1) This study provided a clear statistical analysis method, and all models were adjusted for age, gender, BMI, MLTC and disability to control the above variables and reduce bias, thus improving the credibility and reliability of the study results. 2) The authors made a cross-cultural adaptation of BI using the guidelines by Beaton et al, providing a solid foundation for subsequent practical applications and facilitating the international application of the scale. 3) In addition, the authors clearly explained the independent association between MLTC, disability and fall risk, conducted in-depth discussion around the study results, and conducted in-depth comparison with relevant studies, analyzed the specific reasons for the differences in study results, and provided a scientific basis for the prevention of fall risk in this population.

However, there are several areas that need to be improved and further research directions in Alenazi's study, namely: 1) The basic demographic characteristics included in this study are relatively limited, and different home environments, the course of various diseases, and pain may have an impact on patients' recurrent falls.^{2,3} In addition, some modifiable psychosocial factors (such as intra-family support, social support) are also associated with falls, and the authors may consider including these factors in the analysis in future studies. 2) Disability classification: This study used the Barthel index score to determine disability, and we suggested that the score be used to classify disability specifically: (the highest score is 100 without disability; 99–60 points for mild disability, life is basically self-care; 60–40 points for moderate disability, dysfunction; 40–20 is severe disability; A score below 20 is considered to be completely disabled).⁴ 3) Type of disability: The fall situation of adults in the community with different types of disability may be different, such as physical disability, brain damage / intellectual limitation, blindness / semi-blindness, deafness / semi-deafness and mute, etc. The author may consider this factor in future studies, set stricter inclusion and exclusion criteria, and conduct more in-depth studies. 4) Qualitative studies can be conducted to summarize the causes of recurrent falls among adults in the Saudi Arabian community with multiple long-term illnesses and disabilities in order to gain a more comprehensive understanding of the care needs of this population.

Disclosure

The authors report no conflicts of interest in this communication.

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