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Effects of cataract surgery on the risk for falls and fractures in elderly women.

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early detection and treatment issues. Participants who attend the cancer educational programs should be able to increase their knowledge and skills around: 1) Cancer risk factors, 2) Screening Guidelines for early detection, and 3) Steps they can take to improve and change unhealthy behaviors.

Methods: Community members (facilitators) throughout South Carolina are trained to present the Cancer Education Guide to other community members. Facilitators are requested to conduct at least two presentations per year at venues of their choice such as churches, schools, and community centers. The Cancer Education Guide is available on power point, slides, transparencies, and a flip chart. Display models to support the Cancer Education Guide are available to check out throughout the state.

Summary: Six sessions, training 89 facilitators have occurred throughout the state since September 2001. Evaluation forms from 34 presentations reaching 546 people have been received. Most (27%) of the presentations have been to Senior citizen groups, followed by church groups (24%), and at worksites (21%). The majority of the audience (72%) were women and half (50%) were African American, 49% White, and 1% Hispanic. Over half (53%) of the participants were over the age of 56, an additional 25% were between the ages of 26 and 55 and twenty-three percent of the participants were 25 years and younger. Nearly two-thirds (64%) of the audience participants rated the presentations as outstanding, and an additional 35% rated the presentations as good. Ninety percent of the audience agreed or strongly agreed that the presentation was clear and easy to understand, 87% of the audience agreed or strongly agreed that they are more knowledgeable about things they can do in their life to decrease their risk of getting cancer, and 87% of the audience agreed or strongly agreed that they are more likely to change unhealthy behaviors in efforts to decrease their risk of getting cancer.

Conclusion: The Cancer Education Guide has been a successful community education project allowing trained community facilitators to educate fellow South Carolinians. The audience has been extremely receptive to the information presented, indicating that they learned ways to decrease their risk of getting cancer and are more likely to change unhealthy behaviors.

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EXPERIENCE OF A LIFETIME: SENIORS MENTOR MEDICAL STUDENTS.

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Medical student attitudes about aging are often negative or based on misconceptions. Research has shown that early exposure in medical training to older adults is critical for developing positive attitudes about aging and geriatrics. Interventions such as senior mentor programs or other similar models of pairing students with healthy agers have been implemented at several medical schools with positive outcomes. The purpose of this study is to evaluate a pilot Senior Mentor program (SMP) for first and second year medical students. Implemented in 2002 with 15 student-mentor pairs, the SMP now includes 30 student-mentor pairs in its second year. Each student assigned to the program was paired with a Senior Mentor, an older adult living independently or with moderate assistance in the community. In partnership with a local continuing care retirement community, the SMP offers this training opportunity for students in place of their traditional mentor program where they would shadow a physician several times a year. Five didactic sessions co-taught by a geriatrician and gerontologist prepare the students for each mentor visit, at which they practice a range of geriatric assessment and communication skills, such as: depression and mental status screen, medication re-

view, foot exam, nutrition evaluation, end-of-life review. Students are also required to shadow a geriatrician and observe other disciplines that care for older adults, such as pastoral care, physical therapy, or nursing. The program evaluation includes both quantitative and qualitative data from course evaluations, mentor evaluations of students, student assignments, student attitude surveys, and focus groups with students and mentors. Frequencies and means for course evaluations were computed. Qualitative data was subjected to content analysis identifying salient themes related to student learning and attitude change. All data indicate that students experienced a positive attitude change related to aging and older adults. Students learned valuable patient communication and clinical skills. Mentors and students also valued the social relationships that developed. The evaluation results support integrating this program permanently into the medical school curriculum.

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EFFECTS OF CATARACT SURGERY ON THE RISK FOR FALLS AND FRACTURES IN ELDERLY WOMEN.

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Supported By: American Federation for Aging Research Study of Osteoporotic Fractures

OBJECTIVES: To understand the benefit of cataract surgery for changing the risk for falls and fractures in elderly women.

DESIGN: Cross-sectional and longitudinal analyses of a case cohort study

SETTING AND PARTICIPANTS: 1597 community-dwelling Caucasian women aged 65 and older with no history of osteoporosis or hip fracture were recruited from 1986 to 1988 from four metropolitan areas of the United States to participate in the long-term Study of Osteoporotic Fractures (SOF).

MEASUREMENTS: Predictors of this study were cataract surgery at baseline or follow-up interval and visually significant cataract. Outcomes were two or more falls, non-spine non-hip fractures, and hip fractures.

RESULTS: Cross-sectional associations show significantly better median visual acuity and low and high frequency contrast sensitivity for cataract surgery patients, agreeing with previous studies. Longitudinal analysis shows an increase in the risk for two or more falls in patients with visually significant cataract or cataract surgery than in patients with natural lenses ($p \leq 0.05$). There was no difference in the risk for non-spine non-hip fractures among the three groups, but there was a trend towards significant at $p \leq 0.08$ for higher rates of hip fracture occurring in the visually significant cataract and cataract surgery groups than for the natural lenses group.

CONCLUSION: Cataract surgery patients show better visual acuity and contrast sensitivity than patients with visually significant cataract. Patients with visually significant cataract and cataract surgery have higher age-adjusted rates of falls than patients with natural lenses. Age-adjusted rates of non-spine non-hip fracture are statistically similar. Age-adjusted rates of hip fracture are higher among patients with visually significant cataract and cataract surgery than patients with natural lenses. Although we expected cataract surgery patients to fall and fracture less, there was no significant difference between the visually significant cataract and cataract surgery groups. This may be explained by the fact that age-related cataract is a marker for frailty. Women with cataracts are more likely to be older and have cardiovascular disease and thus may be more prone to falls and fractures.