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Senator Mary Ann Handley
Representative Peggy Sayers
Co-Chairs, Public Health-Committee
Legislative Office Building, Room 3000
Hartford, CT 06106

RE: Support for Funding SB 1226: An Act Establishing a Fall Prevention Program

Dear Sen. Handley, Rep. Sayers, and Members of the Public Health Committee:

I am unable to attend the Public Hearing on March 14, so I am submitting written testimony in support of SB 1226, which would establish a Fall Prevention Program.

Who I Am

I am a Lead Planning Analyst in the State Health Planning Section of the Connecticut Department of Public Health, and I represent the Section on the Injury Community Planning Group, a statewide coalition funded by the CDC to develop a Comprehensive Injury Prevention Plan. I am also a freelance medical writer and editor.

Today, however, I speak as a private citizen and baby boomer with aging relatives and friends, who has witnessed both the need for and value of enhanced efforts to prevent falls among the elderly.

Why I Believe A Fall Prevention Program Must Be A Connecticut Health Priority

I have seen the devastating effects of a fall on the 90 year old mother of my closest friend. I have also seen, through experience with my own mother, how incalculable pain and suffering can be avoided, and how proper diagnosis and elimination of risk factors for falls can vastly improve quality of life for an older person.

My friend's mother was a resident of an assisted living facility. As a result of wrist and hip fractures from a fall 15 months ago, she has sustained multiple hospitalizations and surgeries, a stroke, and has been transferred from institution to institution--ultimately to a convalescent home where she is declining rapidly both physically and mentally and will no doubt die. This is all too typical a scenario after a fall and hip fracture. *In New England, more than 1 out of 20 people with hip fractures die within 30 days.¹ During the year after they have a hip fracture, about 1 out of 4 people aged 50 and over die.²*

My mother, Harriet R. Bower, is a living example of how life-altering diagnosis and intervention can be. Although she will be 85 this summer, she is still fiercely independent, maintains her own home, works as a bookkeeper at a tennis club, and leads a full, rich life. But this might not be so--and she could easily have been in the same situation as my friend's mother, if I and my two sisters (a registered nurse and a clinical research manager in the pharmaceutical industry) had not pushed her physicians to perform diagnostic tests and provide treatments that they otherwise might have neglected to do.

Two years ago, after GI surgery, my mother began to experience unexplainable fatigue and loss of balance. She fell several times, blaming it on "clumsiness," but fortunately her injuries were limited to minor cuts and bruises. Her doctors basically viewed her symptoms as "normal consequences of aging." But we did not. During a routine physical exam last spring, she was diagnosed with mild anemia. Although she began taking oral iron supplements, her symptoms worsened to the point of exhaustion after only a short walk. She became depressed, talked about quitting her job and said she might as well be dead, as she felt so terrible all the time.

My sisters and I insisted on further blood tests. The tests revealed that she was not absorbing dietary iron, and though her hematocrit and hemoglobin values, the most commonly measured indicators of anemia, were near normal, her iron stores (measured as *ferritin*, which rarely if ever is measured in elderly persons) were almost totally depleted.³

Following a series of intravenous iron infusions, her condition has improved dramatically, both physically and mentally. She is like a new person, who can now walk without assistance, has surpassed her former energy level, and says she even "thinks more clearly." Best of all, she has regained her *joie de vivre* and sense of dignity, and recently she felt well enough to travel to Houston to celebrate her great grandson's fifth birthday.

There are, of course, many reasons and risk factors other than anemia for falls among the elderly. Some are easily overlooked, such as a decorative throw rug, an ill-fitting pair of shoes, a medication's side effects, or poor vision. According to a recent survey, only 20% of physicians take fall histories from their patients, and 70% do not feel they have a comprehensive understanding of falls among the elderly. Many health care providers do not know how to perform risk assessments for falls, and they are not familiar with strategies for fall prevention.⁴

Most elderly people are not as fortunate as my mother. They do not have children who are educated health professionals and strong advocates for their health.

For these reasons, I believe that one of the Connecticut Legislature's highest priorities must be to protect one of our state's most valuable resources--our elderly residents--by establishing a comprehensive fall prevention program that includes all the features listed in SB 1226.

Thank you for your consideration of this most critical health issue.

Respectfully,



Carol E. Bower

References and Notes:

- ¹ Roos, LL, RK Walld, PS Romano, and S Roberecki. Short-term mortality after repair of hip fracture. *Medical Care* 1996; 34(4):310-326.
- ² Beers, MH, Editor. Hip Fractures. Chapter 23 in *The Merck Manual of Health and Aging*. Merck Research Laboratories, 2004.
- ³ Although anemia is common among the elderly, its specific underlying cause (iron deficiency, vitamin B12 or folic acid deficiency, gastrointestinal bleeding, iron malabsorption, certain infections or chronic diseases, etc.) rarely is diagnosed and addressed. More importantly, anemia can have exactly the same symptoms as "frailty" of old age, including fatigue and loss of equilibrium; hence, anemia may be an unrecognized cause of falls among the elderly. I recently sent a letter to the Editor of the prestigious *Journal of the American Medical Association* about this; the subject was considered important enough that my letter has been accepted for publication and will appear in *JAMA* later this spring.
- ⁴ Royal Australasian College of Physicians. Falls Prevention Workforce Survey. 2004. Accessed 3/12/2007 at <http://www.fallsprevention.org.au/survey.cfm>.