

# A self-directed walking program for older people did not prevent falls

7 January 2015

The results of the Easy Steps randomised controlled trial, published online in the journal *Age and Ageing*, show that a self-directed walking programme designed for sedentary older people did not reduce incidence of falls, although it did increase mobility levels.

The injuries caused by falls are a leading cause of death and hospitalisation in people aged 65 or over. They also lead to poor quality of life, loss of independence, and make admission to nursing homes more likely. Exercise has been identified as a way to reduce the risk of falling, especially among adults living in the community. Although walking is the most popular form of exercise for [older people](#), its impact on falls has been unclear.

The Easy Steps trial investigated the impact of a 48-week walking programme in older people. The study randomised 386 physically inactive, community-dwelling people aged 65 or over from the greater Sydney area of Australia into an intervention or [control group](#). The intervention group received a self-directed, 48-week walking programme that involved three mailed printed manuals and telephone coaching. At the same time, the control group received health information that was unrelated to falls. Monthly fall calendars were used to monitor falls over 48 weeks. Secondary outcomes were self-reported, and they included information on quality of life, exercise levels, and walking levels.

There was no statistically significant difference in fall rates between the intervention group and the control group, as well as no significant differences in the proportion of fallers or recurrent fallers between the groups. A sub-sample of 178 participants took part in a home visit scheme that measured mobility levels, choice step reaction time, and knee extension strength. Among those participants there was no evidence of the walking programme having an impact on choice step reaction time or knee extension strength, although

mobility scores were significantly improved. There was a non-significant increase in self-reported quality of life for the walking group.

There was also some evidence that effects were modified by age: a non-significant trend indicated that the effect of walking in participants aged 65-74 years was different to that observed in people aged 75 or over. People over the age of 75 are more likely to be frailer and at higher risk of falls. This may explain why in participants aged 75 years and over there was a non-significant increase in fall rates in the [intervention group](#) compared to the control group

Dr Alexander Voukelatos, lead author of the paper, said: "These results show that walking is unlikely to have an effect on falls. Therefore, we need to reconsider how walking is incorporated into falls prevention guidelines given that it is currently considered by a majority of older people to be a good way to prevent falls.

"The finding that the walking programme also had no impact on balance may explain why the programme was ineffective with respect to falls. However, walking may be a useful adjunct to increase physical activity for older people, particularly for those under the age of 75."

Key messages:

- A self-directed walking programme delivered through mailed printed materials and phone calls did not reduce falls in older people but increased [walking](#) behaviour, and physical activity levels.
- Walking should not be recommended as a falls prevention strategy

**More information:** 'The impact of a home-based walking program on falls in older people: the Easy Steps randomised controlled trial' by Alexander Voukelatos, Dafna Merom, Catherine Sherrington,

Chris Rissel, Robert G. Cumming, Stephen R. Lord,  
*Age and Ageing*, [DOI: 10.1093/ageing/afu186](https://doi.org/10.1093/ageing/afu186)

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