Methods: A convenience sample of 10 older hemodialysis patients followed at an urban hemodialysis facility affiliated with an academic medical center underwent key informant interviews in their homes between the period of June 1, 2015 through May 31, 2016. Inclusion criteria included: aged 65 years or older, English-speaking, and willing to allow interviewer into home. Questions included open-ended and Likert-style questions regarding attitudes regarding general physical function and falls; the Falls Efficacy Scale-International was administered. All interviews were audiotaped. Three research team members simultaneously reviewed transcripts of interviews and dominant themes determined by consensus discussion.

Results: Mean age of participants was 73.0 ± 5.0 years and 6 (60%) were women. All participants identified as African-American. Mean time on hemodialysis was 4.8 ± 4.5 years. Fifty percent of the sample agreed with the statement "I am afraid of falling." Mean Falls Efficacy Scale-International Score was 22.3 ± 9.0 points, which is consistent with a moderate fear of falling. Dominant themes about contributors to falls included hemodialysis side effects ("Hemodialysis just drains me out"); and lack of physical activity ("Don't like laying around, bed makes you weak").

Conclusion: In older African-American hemodialysis patients, fear of falling is a likely contributor to the occurrence of falls. Future studies should explore reducing the fear of falling as a preventive measure for falls in older hemodialysis patients.

DETERMINANT FACTORS IN THE RELATIONSHIP BETWEEN URINARY INCONTINENCE AND FALLS IN OLDER ADULTS

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Studies had shown a strong relationship between falls and urinary incontinence (UI) in the older-adult. However, this relationship is complex and might involves intrinsic (organic) and extrinsic factors. The aim of the study was to determine whether there was a significant relationship between the fall event and the presence of UI in the elderly, and what factors could influence this correlation. The dependent variable was reporting at least a fall in the last 6 months and the independent variables were UI, sex, marital status, age, health perception, cognition, and number of morbidities. A population-based survey interviewed 7315 older-adults (60 or older) residents in 59 cities of the State of Rio Grande do Sul, Brazil. Logistic regression models tested the odds of having a fall. Two hundred three participants (3.9%) reported. Prevalence of UI was statistically higher (p <0.001) among those 693 older-adults reporting fall (14%). Urinary incontinence increased 7 times the risk of falling (p <0.001) in the simple analysis and 3.5 when controlling for co-variables. Independent of UI, being male (confidence interval 0.63 to 0.91, p <0.05) and not having cognitive impairment (CI 0.59 to 0.77, p <0.001) were protective factors. Independent risk factors were being widowed compared to married (CI 1.22 to 1.84, p <0.001), older (CI 1.04 to 1.06, p <0.001), worst self-perceived health and number of morbidities (CI 1.16 to 1.28, p <0.001). We concluded that the relationship between the presence of UI and the history of falls is independent of intrinsic and extrinsic factors.

DEVELOPING A QUESTIONNAIRE TO ASSESS OLDER ADULTS' PERCEPTIONS ABOUT FALLING

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In Brazil, 28% to 35% of individuals over the age of 65 fall each year. Literature suggests that 30% to 40% of falls are preventable through managment of risk factors. However, adherence in prevention programs depends on older adults' perceptions about falling. The objetive of this study was to develop a questionnaire to assess older adults perception about falls' risk factors. It was developed through qualitative and quantitative approach. Qualitative method was conducted through content analysis and quantitative through analisys of content validity. Sample of qualitative approach was 22 older adults, aged 60 or older, participants from senior groups in Porto Alegre (Brazil), and professors from two local universities. Mean age was 70.2 ± 7.1 years. Coding and interpretation of data resulted in two thematic categories: falls problematization and the perception of risk factors, which served as basis for the development of the questionnaire. The proposed research tool, with 36 questions was sent to content validity analisys through evaluation of "judges", in three aspects: clarity of language, importance and theoretical relevance. With these results, it was possible to calculate the Validity Coefficient (VC). All questions with VC <0,7 were excluded. Final questionnaire consisted of 25 questions. According to preliminary results, the questionnaire seems quite relevant to identify how older adults perceive falling into a problem to be prevented and their perception of the risk factors. This knowledge will help to develop more effective methods considering for fall prevention.

FALLS IN BRAZILIAN OLDER PEOPLE: PREVALENCE, ASSOCIATED FACTORS, CONSEQUENCES

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Background: Falls are considered a public health problem because of their prevalence and consequences for health of older people.

Objective: To estimate the prevalence of falls, associated factors and consequences.

Methods: Data was obtained in the National Health Survey (PNS,2013) a cross-sectional population-based study with 23.815 older people (>=60yrs), from all the States of Brazil. The fall, dependent variable, was avaliated by the question: "in the last 12 months, have you fallen and looked for health services?". The independent variables were age, sex, marital