

IX. Streszczenie w języku angielskim

Falls and injuries resulting therefrom are an ever-increasing global problem among the elderly. They are considered to be a classic great geriatric problem, which manifests itself with the reduction of functional reserves of the postural control system related to the adverse impact of progressive disease processes, drug interactions, cognitive disorders with the physiological aging of an elderly person. They lead to physical and psychological trauma, loss of independence, morbidity, increased health care costs and even death. It is recognized that falls and their consequences are the most frequent cause of death caused by accidents in people over 65 years of age. Falls in the elderly, despite their prevalence, are often an ignored problem in clinical practice, despite the fact that they are associated with serious health, social, and economic consequences.

The aim of the study was a comprehensive assessment of the patient's condition, including the assessment of nutrition, and functional efficiency of variables related to the history of falls in the last 12 months. In addition, variables from the Geriatric Comprehensive Assessment related to risk factors for in-hospital falls were analysed.

The study was cross-sectional and was conducted in a group of 416 patients hospitalized in the Geriatrics Department in 2014-2015, in whom the determinants of falls before hospitalization (study I) and in-hospital falls (study II) were analysed. The first study included 358 people who had suffered a fall in the last 12 months (43.9%). They were characterized by a significantly higher number of chronic diseases, more frequent occurrence of Parkinson's disease, peripheral arterial atherosclerosis, and osteoarthritis. These patients had significantly worse results in the assessment of gait and balance; they were also more dependent on third parties compared to the group of non-fallers. Logistic regression analysis showed that Parkinson's disease and osteoarthritis were the main variables for predicting falls based on the medical history. The second study focused on the assessment of in-hospital falls experienced by the same group of patients during their stay in the Geriatrics Department. There were 14 cases of in-hospital falls, which constituted 3.3% of all examined persons. Intrahospital falls were a risk for people with a higher degree of disability, multimorbidity, suffering from Parkinson's disease, diabetes, with a positive history of orthostatic hypotension, as well as taking antidiabetic drugs and benzodiazepines in relation to the group of people who did not experience a fall while staying in the Geriatrics Ward. It seems that the orthostatic test performed on the first day of the patient's stay may be a simple way to assess the risk of falls

in patients admitted to the hospital. In addition, logistic regression analysis determined the association between in-hospital falls and a positive history of falls within the past 12 months.

The comprehensive assessment of the patients' health condition allowed the author to focus on finding the variables of the health status of elderly people staying in the Geriatrics Ward that contribute to the increased risk of adverse events. The analysis of falls registered in the Geriatrics Ward made it possible to examine the circumstances in which the fall occurred and to define the profile of patients at a high risk of in-hospital falls. This may also contribute to faster intervention in the future, ensuring appropriate directions of fall prevention activities for a given medical facility.