This prospective study evaluated components of a comprehensive geriatric assessment (CGA) to identify rates and predictors of falls in older patients. Fall rates and scores on components of the CGA were compared among adults aged 70 or older in three groups: patients with cancer receiving chemotherapy, patients with cancer not receiving chemotherapy, and community-dwelling adults without cancer. Older adults in the chemotherapy group were hypothesized to fall significantly more often than those in the nonchemotherapy group. Among the patients with cancer, scores on the Activities of Daily Living Scale were a significant predictor of falls. The scores were the only domain of the CGA found to be a significant predictor; therefore, more research is needed to better understand fall risk assessment among older patients with cancer. Nurses should conduct fall risk assessments with measures of functional status as included in a CGA.

At a Glance

- Among adults aged 70 or older in this study, more falls were reported in community-dwelling adults without cancer than in patients receiving chemotherapy and not receiving chemotherapy.
- Older adults receiving chemotherapy were more likely to fall when compared to the other groups using unadjusted rates, but fall rates were not significantly different among groups when adjusting for age and gender.
- Scores on the Activities of Daily Living Scale were found to be a significant predictor of falls in older patients with cancer.

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