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LETTER TO THE EDITOR

Response to letter to the editor, "Predictors of falls among community-dwelling older adults with cancer: results from the health and retirement study"

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To the Editor,

I thank Dr. Tendas and her colleagues for their insightful comments to our recent paper on predictors of falls among community-dwelling older adults with cancer. I agree that fall events among older adults with cancer might be higher than we had reported. This may be due to our targeting sample which was community-dwelling older adults with cancer. We had excluded those older adults in institutions and facilities who were very prone to fall.

Our goal in this study was to examine potential predictors of falls and recurrent falls among community-dwelling older adults with cancer, not the relationship between falls and survival. Although including older adults who died during this study period may increase the accuracy in estimating fall events in this population, doing so would not be appropriate to answer our main research questions.

Dr. Tendas and colleagues proposed an interesting disability pathway to explain the relationships between falls and other cancer symptoms. Based on my knowledge about falls among older adults, I would like to add my two cents. First, the definition of motor disability is not clear. Based on Dr. Tendas's previous study [6], the motor disability was measured by the Barthel Index. This index is a standard measure of the independent level of activities of daily living (ADL) and should be used cautiously [7]. An individual can have motor disability (e.g., poor balance or variation of gait) but still be capable of performing ADL independently (e.g., feeding, dressing, and transferring). Therefore, I assume that what Dr. Tendas and her colleagues referred as motor disability in the pathway is functional limitations given the measure they used. Second, although little to no study has examined the relationship between venous thromboembolism and falls, given that venous thromboembolism can cause pain and swelling in legs, it has the potential to lead to balance problem and subsequently result in falls. Third, fatigue and anemia may have direct effects on falls. Several studies have linked fatigue and anemia with an increased risk of falling [1, 2, 4]. Fourth, in addition to cancer, other comorbidities (e.g., heart disease, lung disease, and diabetes) were associated with falling [5] and suggested to be examined separately because they may affect cancer treatment [3]. Thus, adding other comorbidities to the pathway may help explain the cycle better. Lastly, this model solely focuses on physical symptoms. Psychological symptoms (e.g., depression) and psychological consequences of falling (e.g., fear of falling) are also common and may play a role in this cycle.

Fallings among older adults is a complicated issue. Dr. Tendas and her colleagues have provided valuable insight into falls prevention among older adults with cancer. I believe a refined model will help practitioners target the underlying problems more effectively and stop the vicious cycle of falling.

Conflict of interest This manuscript was unfunded. Author agrees to allow the journal to review the paper if requested.

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