



Letter to the Editor

Uncover Psychological Mechanism(s) Underlying Fallophobia Reduction[☆]

To the Editor,

We read the article by Thiamwong and Suwanno¹ with great interest. Their randomized controlled trial investigated the effects of a 3-month simple home-based balance training program on balance and fallophobia in community-dwelling elders in Thailand. The participants in the experimental group had significant improvement in functional reach test and timed up-and-go test together with reduction in fear of fall. The impacts on balance as shown in the two tests (functional reach test and timed up-and-go test) could be well accounted for by various physiological mechanisms. However, at least some possible explanation(s) for the reduction in fallophobia which is more psychological in nature should have better been provided. It not only has clinical implications that the practitioners (in particular those who treat elders with fear of fall) can more precisely justify if they choose to put the program into practice, but also research implications that further studies may be needed to verify the underlying psychological effects. A systematic framework recently published² is a good reference. It illustrates how the interactions between the fear of fall and the mediating factors influence balance performance and hence fall risk. There are two main mechanisms. Daily task performance is compromised by fear of fall due to a reduced ability to ignore distractors or task-irrelevant stimuli. The greater the fear, the greater is the inhibition of effective and efficient allocation of attention toward task-relevant stimuli and threatening stimuli. The resulting poor attention allocation increases fall risks especially in multitask situations, where the switching of attention between postural control and task-relevant stimuli is particularly demanding. Furthermore, the fear reduces the efficiency of working memory. Rumination on the threat of falling compromises the working memory capacity for processing numerous task-relevant stimuli in complex tasks. The resulting loss of proactive, visual-spatial search will in turn lead to a compromised and ill-informed movement planning and hence increase fall risks. These mechanisms lay a solid foundation for justifying the development and implementation of psychological interventions targeting to reduce the fear. An earlier study by Liu and Tsui³ is an example. This study is also a randomized controlled trial that investigated

the effectiveness of an intervention on relieving fear of fall of community-dwelling elders in an Asian region (Hong Kong, China). The intervention was a series of cognitive-behavioral sessions that specifically targeted alleviating fallophobia. It was postulated that the participants' reduction in fallophobia was achieved through enhancing their self-perceived well-being, which in turn helped to increase their sense of control over falling. Given the potential for further discovering or verifying the psychological mechanism(s) of fallophobia reduction, we would highly appreciate if Thiamwong and Suwanno could contribute by making some hypothesis about it. We look forward to their valuable reply.

References

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