

Ethnicity and culture: is it associated with falls?

Diana Anissian¹
Amin Zarghami²

¹Student Research Center,

²Department of Neurology, Ayatollah
Rohani Hospital, Babol University of
Medical Sciences, Babol, Iran

Dear editor

We read with great interest in the last issue of *Clinical Interventions in Aging* the article by Vieira et al, who studied the factors associated with falls among different ethnic groups in community-dwelling older adults and revealed that Afro-Caribbeans had a lower prevalence of falls and that several associations were stronger among this ethnic group.¹ On the other hand, those associated factors, including taking medications for anxiety, having incontinence, and age above 75 years, do not seem to be ethnicity-related exclusively, but rather are more attributable to the general population's lifestyle. Also, they did not discuss the role of ethnicity in falls and differences between ethnic groups.

Previous studies have suggested several culture-related factors that may be associated with falls among the elderly population, such as marital status.^{2,3} It has been shown that falls and hip fractures occur less frequently among married people, which can be explained by the physical and emotional support of the spouses. This explanation could be different in various cultures, due to their attitude toward marriage and family. The time pattern of hip fractures is another factor that was revealed in a study among an Iranian population, which showed a peak time in the early morning among elderly women, which may be associated with ritual customs and the Islamic religion, which requires praying in the morning before dawn.¹ Carpet is another feature that has been proposed in the literature and that is commonly seen in Eastern cultures. It seems that it has two aspects. Although it could decrease impact velocity, it also itself could increase the probability of falling in the elderly, which has not been characterized well in studies.⁴

It seems that there are different ethnicity- and culture-related factors that could play roles in falling among different cultures and ethnic groups. Future investigations are needed in various ethnic populations, in order to characterize the associated factors in this issue and so that preventive strategies can be managed in different target groups to be ethnicity- and culture-specific.

Disclosure

The authors report no conflicts of interest in this communication.

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Correspondence: Amin Zarghami
Department of Neurology, Ayatollah
Rohani Hospital, Babol University of
Medical Sciences, Ganjafrouz Street,
Babol, Iran
Tel +98 911 212 0205
Email aminzarghami18@yahoo.com

Author's reply

Edgar Ramos Vieira^{1,2}

Ruth Tappen³

Gabriella Engstrom³

Bruno R da Costa¹

¹Department of Physical Therapy, ²Department of Neuroscience, Florida International University, Miami, ³Christine E Lynn College of Nursing, Florida Atlantic University, Boca Raton, FL, USA

Correspondence: Edgar Ramos Vieira
Department of Physical Therapy, Florida International University,
11200 Southwest 8th Street – AHC3-430, Miami, FL 33199, USA
Tel +1 305 348 0568
Email evieira@fiu.edu

Dear editor

Thank you for your comments. Yes, we did not assess or discuss all risks for falls. We also did not study fall-related injuries such as hip fractures. Future studies are needed.

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The authors report no conflicts of interest in this communication.

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