OLDER AUSTRALIANS

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Drowning data for people aged 65 years and over



*Risk factor data presented for 2018/19 is pending closure of coronial cases and therefore will be underreported above.

OLDER AUSTRALIANS

As with any group, older Australians come from different socioeconomic backgrounds, with varying life experiences and lifestyles. These factors all influence the individual ageing process, and also reflect the risk of drowning for each individual.

Many older Australians have not received or were not exposed to the level of water safety education that most Australians receive today. This highlights the importance of introducing water skills and education for older Australians, as well as promoting the health benefits of recreating safely in aquatic environments.

For the 10-year period, 1st July 2008 to 30th June 2018, the crude drowning death rate for older Australians (1.9 drowning deaths per 100,000 older population) was greater than the national Australian crude drowning rate (1.3 drowning drowning deaths per 100,000 population).





3.8 MILLION

2017

15%

of Australia's

total population

2097

People aged 65 years and over accounted for 22% of all drowning deaths over the past year, rising from 16% in 2002/03

Projected growth in the number of older Australians from 2017 to 2097¹



10-Year Data Breakdown

1st July 2008 612 People 30th June 2018



Total number of drowning deaths in the older population by remoteness from 1st July 2008 to 30th June 2018

Health Benefits of Swimming Physical activity in the later years of life is essential to promote a healthy ageing process and independent functioning. Swimming has been shown to help prevent or manage many chronic diseases, as well as improving overall physiological and psychological health.



Effects of Medication on Drowning in Older People

As people age, changes occur in the way their bodies process medications, and the benefit/risk profile of a medication can change.

Chronic medical conditions are more common in ageing populations¹⁰ which means older people are more likely to be prescribed several medications.¹⁰⁻¹¹ Multiple drug interactions can be complex and can increase the incidence of side effects in older individuals,¹¹⁻¹² which can increase the risk of drowning in this group.

Drowning data from 2008/09 to 2017/18 suggests that, for unintentional fatal drownings in older people, an estimated 36% were taking some form of medication or drug. Of these, 65% of drownings involved multiple drugs. Of these individuals, 72% involved medication that is a known or conditional risk of propagating drug-induced long QT syndrome and Torsades de Pointes.¹³⁻¹⁴ **36%** of drowning deaths among older people involved some form of medication or drug

65% of these drowning deaths involved multiple medication

QS

QT interval

72% of these involved people taking medication that had a known or conditional risk of propagating drug-induced long QT syndrome and Torsades de Pointes.

Recent international studies have linked unexplained drowning deaths and conditions involving cardiac arrhythmias¹⁵⁻¹⁷ to unintentional swimming drowning deaths. Torsades de Pointes is an abnormal cardiac rhythm associated with a prolongation of the QT interval. Although in most cases it spontaneously returns to a normal rhythm, Torsades de Pointes and long QT syndrome can lead to sudden cardiac death, along with symptoms of fatigue, syncope and loss of consciousness.^{13-14,18-20} Long QT syndrome is known to have a congenital cause but medications are also a known risk factor.¹²⁻¹⁴ It is evident that older patients are more susceptible to experiencing drug side effects, especially with prolonged use of medications.¹⁰⁻¹¹ Older patients taking psychiatric drugs are at higher risk.^{14,18}



RECOMMENDATIONS

