



ELDER CARE

A Resource for Providers

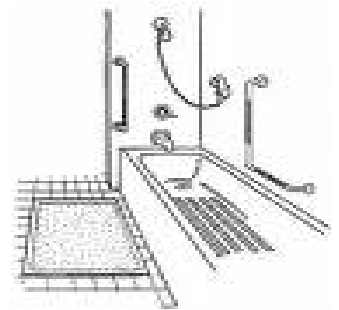
Falls in Elders

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Athletes and children have the highest fall rates in our society. Falls among the elder population, however, are associated with the highest morbidity and mortality of any group. Thirty to forty per cent of elders in the community (>65yrs) fall each year. Ten to fifteen per cent of these falls result in fractures. More importantly, an even larger number of seniors develop a decline in functional status after a serious fall, which can ultimately lead to a decrease in mobility and independence. It is thus necessary for primary care caregivers to incorporate fall risk assessment and prevention into their everyday practice.

Current geriatric guidelines recommend asking all patients > 65 years about falls on an annual basis. A previous fall is the best predictor of future falls. Increasing age, female gender, orthostatic hypotension, cognitive impairment, alcohol use, arthritis, balance problems, muscle weakness, and certain medications are all major risk factors which should be assessed.

Components of the physical exam which help to evaluate for fall risk include tests for gait and balance (e.g. the simple “get up and go” test—see reverse side), vision and hearing deficits, muscle weakness, and orthostasis. Taking greater than four medications has also been shown to increase fall risk among elders. Major problem medications include diuretics, vasodilators, neuroleptics, and benzodiazepines. With careful weighing of risks and benefits, it is often possible to reduce the number and type of medications. To date, the newer psychotropic medications have not been shown to reduce fall risk. Other interventions shown to prevent falls include home safety evaluations, proper training in the use of assistive devices, and long term strengthening and balance exercises. Treating for osteoporosis and recommending hip protectors are ways to prevent the morbid consequences of falls.



Most falls occur in the home. Simple changes in the environment can result in safer function.



Assistive devices, when used correctly, can help a patient maintain balance.



Hip protectors (hipsters) can protect against hip fractures, a most serious consequence of falls among elders.

FALL PREVENTION TIPS

- Ask about falls at annual exam
- Identify fall risks
- Perform screening evaluations, e.g., “get up and go” test
- Review/reduce medications—neuroleptics, diuretics, vasodilators (and don't forget OTC antihistamines)
- Modify risks by:
 - making the home environment safer
 - prescribing balance and strengthening exercises
 - training in the proper use of assistive devices
 - considering hipsters, calcium, Vitamin D and bisphosphonates in high risk patients

Home Safety Measures

Arrange furniture for safe walking pathways

Keep loose items off the floor and stairs

Keep aware of the whereabouts of small animals and children

Avoid long length electrical cords

Keep stairwells well lit

Install handrails on both sides of stairs

Use a step stool with a bar handle when needed in the kitchen

Use night lights for nighttime bathroom safety

Use non-slip rubber mats in the bathroom

Install grab bars next to the toilet and inside the tub

Use a shower chair for safe showering

How to Perform a “Get Up & Go” Test

Have the patient sit upright in the exam chair. If the patient uses an assistive device, have it available to assess typical use. Then, ask the patient to:

Get up out of the chair without using arm rests (if possible),
Stand still for a moment,
Walk across the room (~8 feet),
Turn around, walk back, and sit down.

Observe for:

- Balance—sitting and standing
- Transfer stability
- Pace and stability of gait
- Ability to turn safely

Additionally, you can add time as a factor in your evaluation. In general, those patients who take longer than 8.5 seconds to perform the “get up and go” test are at higher risk for falls. Individuals with average gait speeds of less than 1 meter/second, for whatever reason (e.g., muscle weakness, deconditioning, neurological disorders), are considered to be vulnerable and at high risk for falls.

Pro-active Fall Prevention Measures

Remind patients to arise slowly from lying and sitting positions, especially in the morning.

Frequently review medications and alcohol use to prevent side effects that could lead to falls.

Ensure yearly vision checks to help improve quality of life and to prevent falls.

Utilize home health aides for home health inspections.



Falls are the leading cause of accidental death in elders.

Prescribe muscle strengthening and balance exercises to help prevent falls and promote overall well-being.

Suggest sturdy, flat shoes for comfort and balance.

Suggest placing emergency numbers near the phone in large print for easy access.

Prescribe appropriate assistive devices and ensure proper instruction in technique.

References

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