



Fall Prevention in the Elderly

Risk Factor Evaluation for Providers

Falls generally result from risk factors that are multiple, diverse, and interact with each other. Such interaction is also modified by the individual patient's age, disease state, and environmental hazards. While risk factors can be corrected, older people may not be aware of their risks of falling and may neither recognize risk factors nor report these issues to healthcare providers.¹

With this in mind, guidelines from the American Geriatrics Society (AGS) Panel on Falls Prevention aim to help healthcare providers assess fall risk and manage older patients who are at risk or who have previously fallen.¹ This fact sheet may further assist providers in such efforts.

Selected Risk Factor Essentials

Risk factors for falling can be classified as¹:

- Intrinsic to the patient, such as:
 - Weakness in the legs
 - Poor grip strength
 - Balance disorders
 - Impaired functioning and cognition
 - Visual deficits
- Extrinsic, such as:
 - Polypharmacy (ie, 4 or more prescription medicines)
 - Environmental hazards at home, including:
 - Poor lighting
 - Loose carpets
 - Lack of handrails or bathroom safety equipment

Studies show that fall risks dramatically rise as the number of risk factors increases

- There is thus an interaction and likely synergism among multiple risk factors¹
- In 1 study, falls were reported in²:
 - 8% of community dwelling seniors who had 0 risk factors
 - 78% of seniors with 4 or more risk factors

High risk of falling is also associated with patient-specific situations such as³:

- The first month after hospital discharge, especially among elderly needing home health care
- Acute illness episodes
- Exacerbations of chronic illness

See other side for a Checklist of Fall Risk Factors

Checklist of Fall Risk Factors^{1,3}

This reminder list of risk factors may help the healthcare provider in evaluating an individual patient's likelihood of falling:

History of

- Muscle weakness
- Recurrent falls
- Gait deficit
- Poor balance
- Need to use assistive device
- Visual deficit
- Arthritis
- Impaired activities of daily living
- Depression
- Impaired cognition
- Orthostasis
- Polypharmacy (ie, 4 or more prescription medicines)
- Taking certain classes of drugs
 - Serotonin-reuptake inhibitors
 - Tricyclic antidepressants
 - Antipsychotics
 - Benzodiazepines
 - Anticonvulsants
 - Class IA antiarrhythmic medications

Older than 80 years of age

“Fall-related injuries in elderly people are reduced when primary care clinicians adopt effective risk assessments and strategies to prevent falls.”⁴

Fall Risk Recommendations for the Primary Care Provider:

- Ask all older persons (or their caregivers) at least once a year about falls¹
- Consider enlisting other interdisciplinary team members when appropriate—eg, an occupational therapist for a home hazard evaluation³

References:

1. American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention. Guideline for the prevention of falls in older persons. *J Am Geriatr Soc.* 2001;49:664-672.
2. Tinetti ME, Speechley M, Ginter SF. Risk factors for falls among elderly persons living in the community. *N Engl J Med.* 1988;319:1701-1707.
3. Tinetti ME. Preventing falls in elderly persons. *N Engl J Med.* 2003;348:42-49.
4. Barclay LO, Lie D. Risk assessments, strategies may prevent fall-related injuries in older adults. <http://www.medscape.com/viewarticle/577843>. Accessed November 15, 2008.