

PREVENTING FALLS IN OLDER ADULTS

July 2011

MEET PAPA SAL

Everyone called him “Papa Sal.” A proud, independent widower and grandfather of 10, at 87 this Italian-American still lived in the city apartment his daughters grew up in, and though he was becoming frailer, he refused their pleas to move in with one of them. They grew concerned as he became slower and more forgetful, but he wouldn’t hear of getting an attendant. So they called every day or so to check in on him. But after a couple of days of not reaching him, one daughter called a neighbor; Papa Sal didn’t answer his door. The daughter rushed to his apartment and found her father on the bathroom floor. He’d fallen two days ago, couldn’t get up, and was by now weak and disoriented. She rushed him to the hospital, where Papa Sal’s health declined rapidly. He never left the hospital and died from pneumonia six weeks after he’d been admitted.

FALL RISK AMONG OLDER ADULTS

A history of falling is the most reliable predictor of future falls among community-based, hospitalized and institution-based elderly. Previous falls may also be indicators of underlying disorders associated with fall risk.

Risk Factors:

- being 80 years and older
- decreased muscle strength
- chronic musculoskeletal pain/arthritis
- gait and balance deficits
- dizziness/vertigo
- visual impairment
- depression and dementia
- low body mass index
- urinary incontinence
- interactions between medications (e.g. polypharmacy)
- environmental factors/dangers in home

CASE EXAMPLE 1:

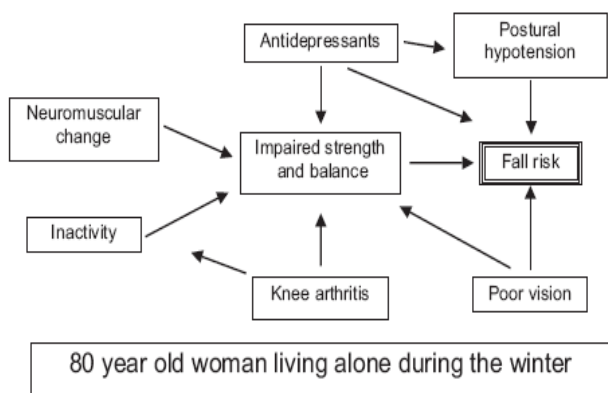


Figure 1. Interaction of risk factors predisposing to falls.

SOURCE: (Campbell et al, Age and Ageing 2006)

CASE EXAMPLE 2:

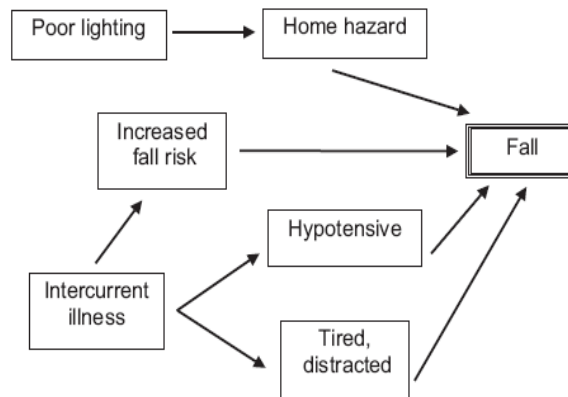


Figure 2. Interaction of risk factors precipitating falls.

SOURCE: (Campbell et al, Age and Ageing 2006)

POTENTIAL CONSEQUENCES OF FALLS

- Falls are the most common cause of these unintentional injuries in people aged 75 and over.
- Unintentional injuries are the fifth most common cause of death in this age group.
- 30-50% of falls result in minor trauma
- 10-15% lead to serious injuries
- 5-10% resulting in fracture, 1-2% being hip fractures

BETWEEN 10 AND 31% OF COMMUNITY-DWELLING OLDER ADULTS ARE RECURRENT FALLERS

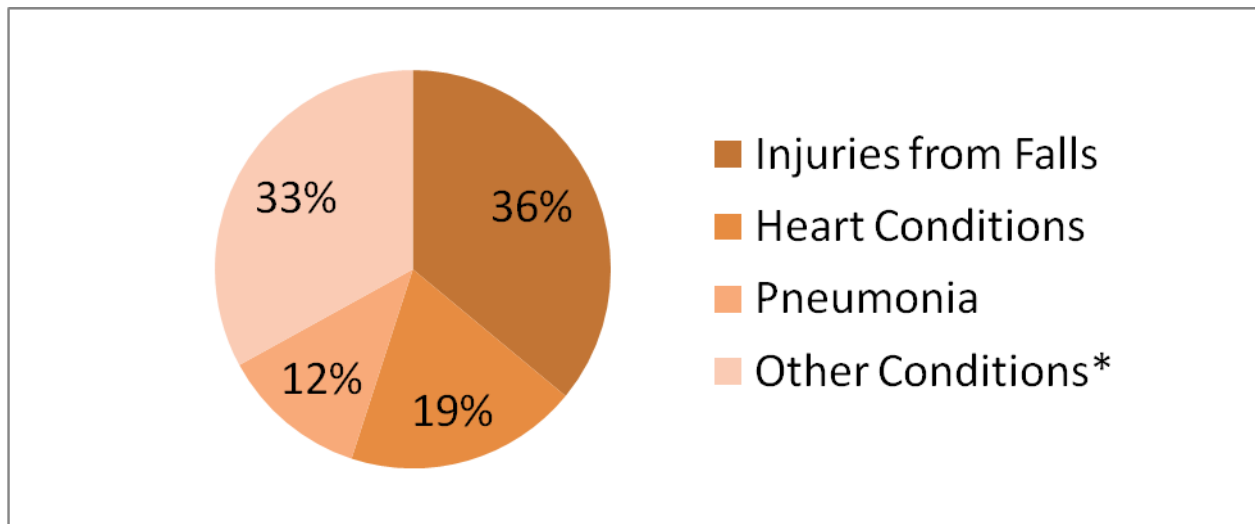
Community Setting

- + 65 yrs: between 28% and 35% have had at least one fall over one year
- + 75 yrs: between 32% and 42% have had at least one fall over one year

INJURIES FROM FALLS ACCOUNT FOR ONE OF THE COMMON CONDITIONS LINKED TO PREVENTABLE EMERGENCY DEPARTMENT (ED) VISITS BY NURSING HOME RESIDENTS

Nursing care facilities

- Annual risk of falls: up to 70%
- According to the CDC/NCHS 2004 National Nursing Home Survey, 8% of nursing home residents had visited an ED in the past 90 days due to falls.
- Injuries related to falls accounted for over one-third of the potentially preventable ED visits.
- Symptoms of heart conditions accounted for almost 20% and pneumonia for 12% of the potentially preventable ED visits. The remaining one-third included mental status changes, urinary tract infections, gastrointestinal bleeding symptoms, fever, metabolic disturbances, and skin diseases.
- Thus, falls can also occur as a result of multiple interacting factors.



*Other potentially preventable conditions include the following: fever, mental status changes, gastrointestinal bleeding, urinary tract infections, metabolic disturbances, and diseases of the skin.

SOURCE: CDC/NCHS, National Nursing Home Survey, 2004