

**AMERICAN GERIATRICS SOCIETY
BRITISH GERIATRICS SOCIETY
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS**

EXECUTIVE SUMMARY

**Clinical Practice Guideline:
The Prevention of Falls in Older Persons**

Background and Purpose

Falling is one of the most serious problems affecting older persons and is associated with considerable mortality, morbidity, reduced functioning, and premature nursing home admissions. Approximately 35% to 40% of people aged 65 years or older living in their own homes fall annually, and the rates of falling increase with age. Furthermore, the rates of falls in nursing homes and hospitals are almost three times higher than for community-dwelling persons and more frequently result in fracture, laceration, or the need for hospital care.

The purpose of these guidelines is to assist health care professionals in assessing fall risk in older persons and in managing older persons who have fallen or are at increased risk for falling. The guideline was developed by a panel of health care professionals as a joint project of the American Geriatrics Society, the British Geriatrics Society, and the American Academy of Orthopaedic Surgeons.

Methods

The Panel identified and synthesized relevant published evidence (randomized trials, other controlled studies, review articles and meta-analyses), in order to make evidence-based recommendations for assessment and intervention.

Findings

The Panel developed guidelines that identify specific risk factors for falling, describe the elements of a fall assessment/evaluation, and discuss interventions for falls prevention.

Recommendations

Assessment

1. As part of routine care for older persons not presenting after a fall:
 - Ask patients or caregivers yearly about falls; persons who report a single fall should be observed as they stand up from a chair without using their arms, walk several paces, turn, return to the chair, and sit down.
 - Those demonstrating no difficulty need no further assessment.
2. For older persons presenting after one or more falls, those who have abnormal gait and/or balance, or who report recurrent falls:
 - Perform a fall evaluation, consisting of: history of fall circumstances, medications, medical problems, and mobility levels; examination of vision, gait, balance, lower extremity function, neurological function, cerebellar function, and cardiovascular status.

Multifactorial Interventions

1. For persons living in their own homes:
 - Provide gait training and advice on assistive devices; review/modify medications; provide exercise programs with balance training; treat postural hypotension; modify environmental hazards; and treat cardiovascular disorders/arrhythmias.
2. For persons in long-term or assisted living settings:
 - Provide staff education programs, gait training and advice on assistive devices, and review/modify medications.
3. For persons in acute hospital settings:
 - Evidence is insufficient to recommend interventions.

Single Interventions

1. Exercise programs, especially those incorporating balance training, are beneficial for persons with recurrent falls.
2. Perform home environmental assessment/modifications for persons returning home after hospitalization.

3. Review/alter medications for persons who have fallen, with particular attention to persons taking more than four medications.

The Panel found that some interventions (e.g., assistive devices, behavioral and educational programs) that were beneficial as part of multifactorial interventions were not clearly beneficial as single interventions.

The Panel also concluded that further research is necessary to provide evidence for meaningful conclusions about several areas, such as the cost effectiveness of recommended strategies, the effective elements of an exercise program, effective methods of falls prevention for hospitalized patients, and determination of the safest footwear.

It is a fundamental tenet of these guidelines that detecting a history of falls and assessing the risk of falling is likely to reduce future probability of falls, when coupled with appropriate intervention. The Panel recommended that the guidelines be reviewed again by January 2003.