

Dr. Gerard Muraida

The Doc Is In

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Falls among older people are common, often preventable, frequently unreported, and too often the cause of injury and death. In fact, falls are the leading cause of injury-related death among adults age 65 and older, and according to the Centers for Disease Control and Prevention, the age-adjusted fall death rate is increasing.

It is important to note that a single fall is a potent predictor for future falls. Falls are also associated with increased frailty and with age greater than 75, according to Brocklehurst's Textbook of Geriatric Medicine and Gerontology. Certain populations, such as institutionalized elderly, diabetics, those with Parkinson's disease, and people who have suffered a stroke are at highest risk. On a yearly basis, nearly a third of

Deadly Falls Among Seniors Common but Preventable

community-dwelling seniors fall at least once, Brocklehurst states. By the time a person reaches 80 years of age, this figure rises to 50 percent annually.

Falls also restrict activity unnecessarily and may result in hospitalization and/or fracture, with hip fractures being the most common. In fact, Brocklehurst says falls induce fractures in up to 25 percent of seniors older than 75. After a fall, mobility abnormalities affect 20 percent to 40 percent of adults over age 65 and 40 percent to 50 percent of adults over age 85, according to the textbook.

Fall-related injuries are also among the most expensive health conditions. Each year about \$754 million is spent on medical costs related to fatal falls, according to the National Council on Aging, and the cost of treating injuries caused by falls is projected to increase to over \$101 billion by 2030.

Women are more likely to report indoor falls than men, not only because they tend to self-report with greater frequency, but also because

men fall more frequently outdoors due to riskier behaviors resulting in more severe injuries. These activities may include climbing ladders, talking on the phone while walking across ice, and carrying too many bags of groceries at once. Outdoor falls are also associated with compromised health status in more active older people generally.

So, how can falls be prevented? Identification and reduction of risk are key. If we can reduce the risk factors for falling, then we can reduce the incidence and the morbidity associated with falls.

Risk factors can be identified by a comprehensive assessment by your primary care provider. This assessment includes a medication review, blood pressure measurement, vision assessment, gait and balance evaluation, cognitive evaluation, and assessment of environmental hazards. In addition, evaluation of one's ability to perform activities of daily living (transferring, toileting, bathing, grooming, eating and ambulation) should be conducted.

A recent fall history provides the



necessary information to implement an individualized multifactorial falls risk intervention strategy. For example, a primary care provider will want to know the circumstances of any previous falls, the medications being taken at the time, whether any chronic conditions exist, the mobility of the patient and whether any alcohol was involved. Responses allow your provider to tailor a specific fall prevention program. This may include repeat blood pressure measurements, a review of medications to ascertain what you still need and what you don't, a cardiology evaluation, ophthalmology referral, possible limitation of alcohol, and a physical therapy evaluation. A physical therapist may also perform a home safety evaluation.

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