

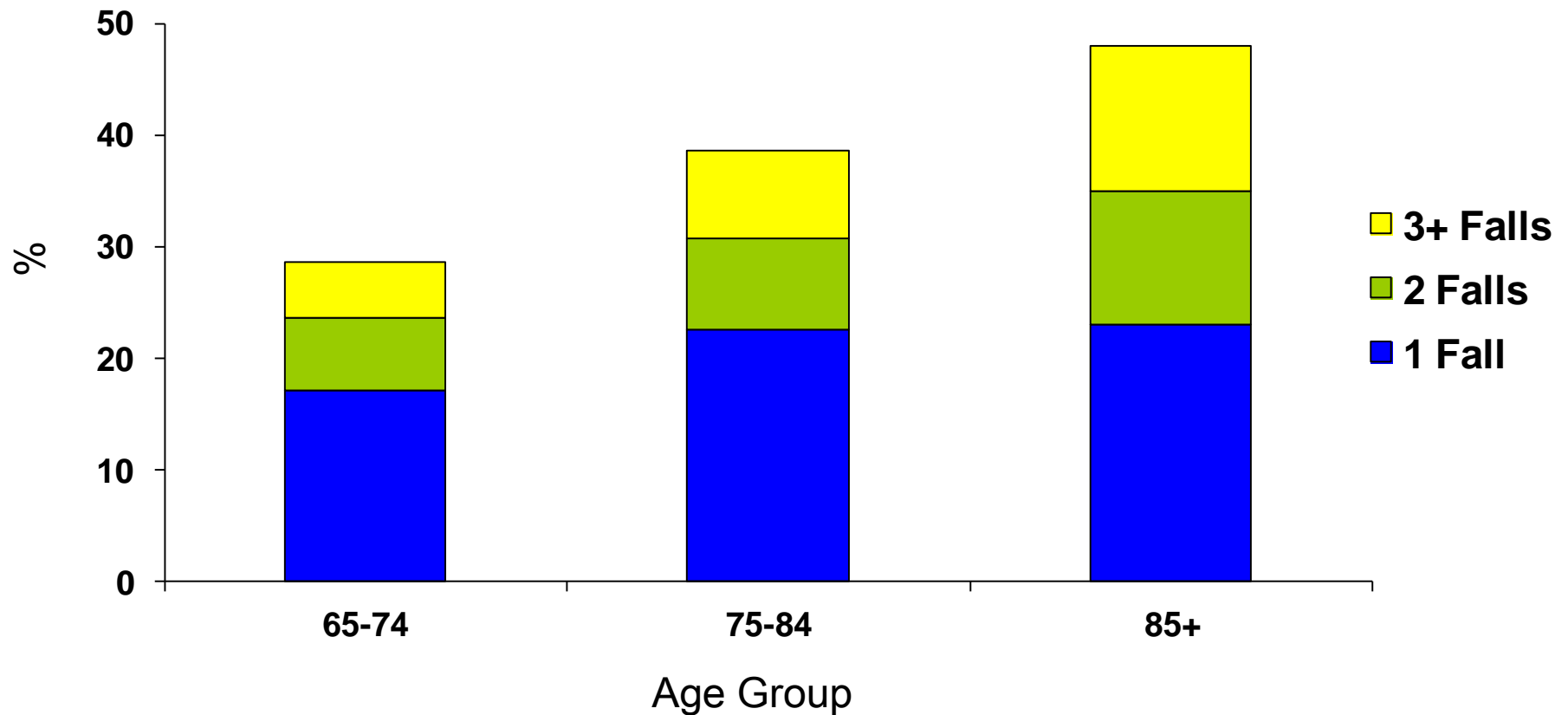


Falls and fall prevention in the community

Stephen Lord

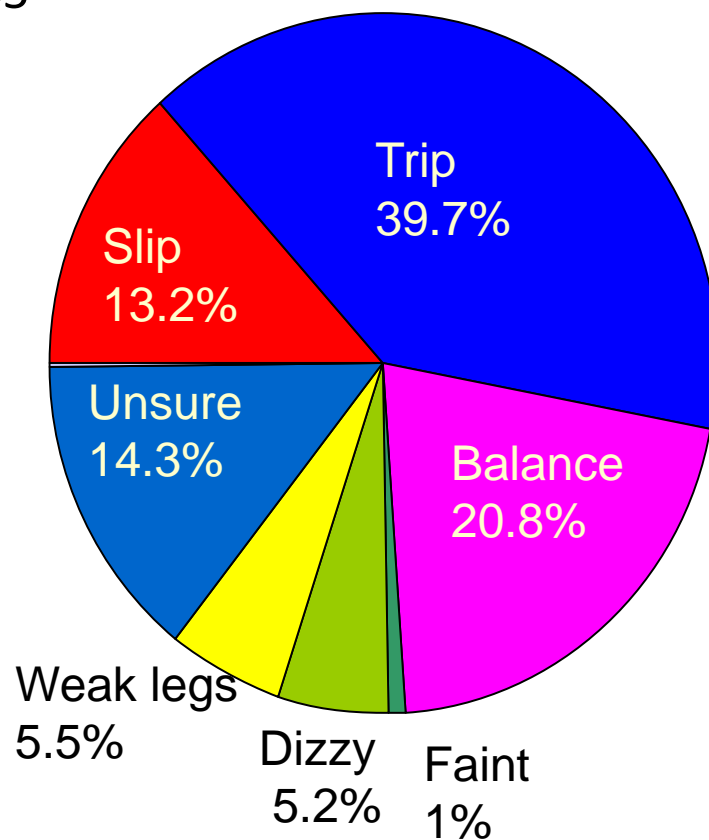
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Falls frequency increases with age



Causes of Falls

- N=704 women aged 65-99 years
- Randomly selected from the community



Slip thresholds

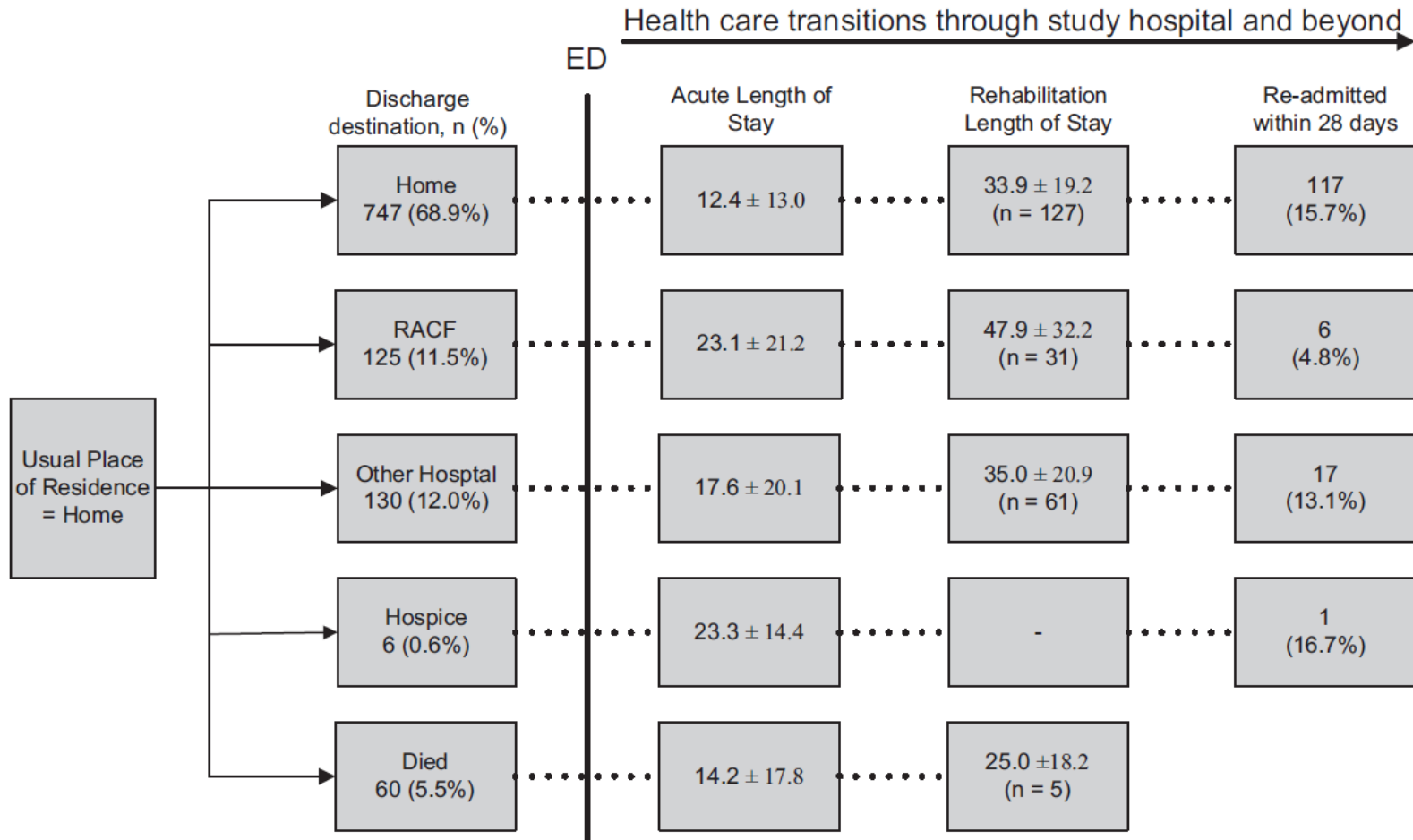


- 112 ambulatory, community dwelling women
- Slip thresholds predicted falls
- 11% could not complete a single session due to nervousness / anxiety

Falls leading to ED presentations

- Of 18 902 all-cause ED presentations in people aged 70+ years, 3220 (17.0%) were due to a fall
- Fall-related ED presentations led directly to hospital admissions in 42.7% of the cases
 - 78% received acute care only (length of stay = 14 days) and the remaining 22% had additional inpatient rehabilitation (length of stay = 32 days)
- After hospitalisation, 11.5% of community dwellers became first time residents of long-term care facilities

Fall-related outcomes: from home (83%)



Falls prevention – what works

- Highest level of evidence given by meta-analyses of RCTs
 - Gillespie LD et al. Interventions for preventing falls in older people living in **the community**. Cochrane Database Syst Rev. 2012 Sep 12;9
 - Cameron ID et al. Interventions for preventing falls in older people in **care facilities and hospitals**. Cochrane Database Syst Rev. 2012 Dec 12;12:
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Gold bar evidence scale



- One good quality RCT



- At least two good quality RCTs – little inconsistency



- Multiple RCTs and/or systematic reviews – little inconsistency

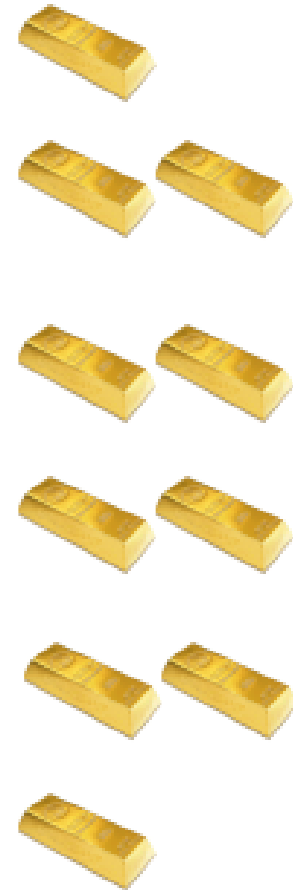
Falls prevention – what works

- High level balance exercise in group or home settings (functional balance exercises, step training, Otago, Tai Chi)
- Occupational therapy interventions (home safety modifications in association with transfer training and education) in high risk populations
- Expedited first eye cataract surgery
- Restriction of multifocal glasses use in older people who take part in regular outdoor activity
- Pharmacist-led education and GP medication review
- Podiatry intervention in people with disabling foot pain



Falls prevention – what works

- Withdrawal of psychoactive medications
- Intensive multidisciplinary assessment of high risk populations
- Intensive interventions in hospitals
- Comprehensive geriatric assessment in residential aged care
- Vitamin D supplementation in residential aged care – excluding megadoses
- Medication review in residential aged care




Thank you



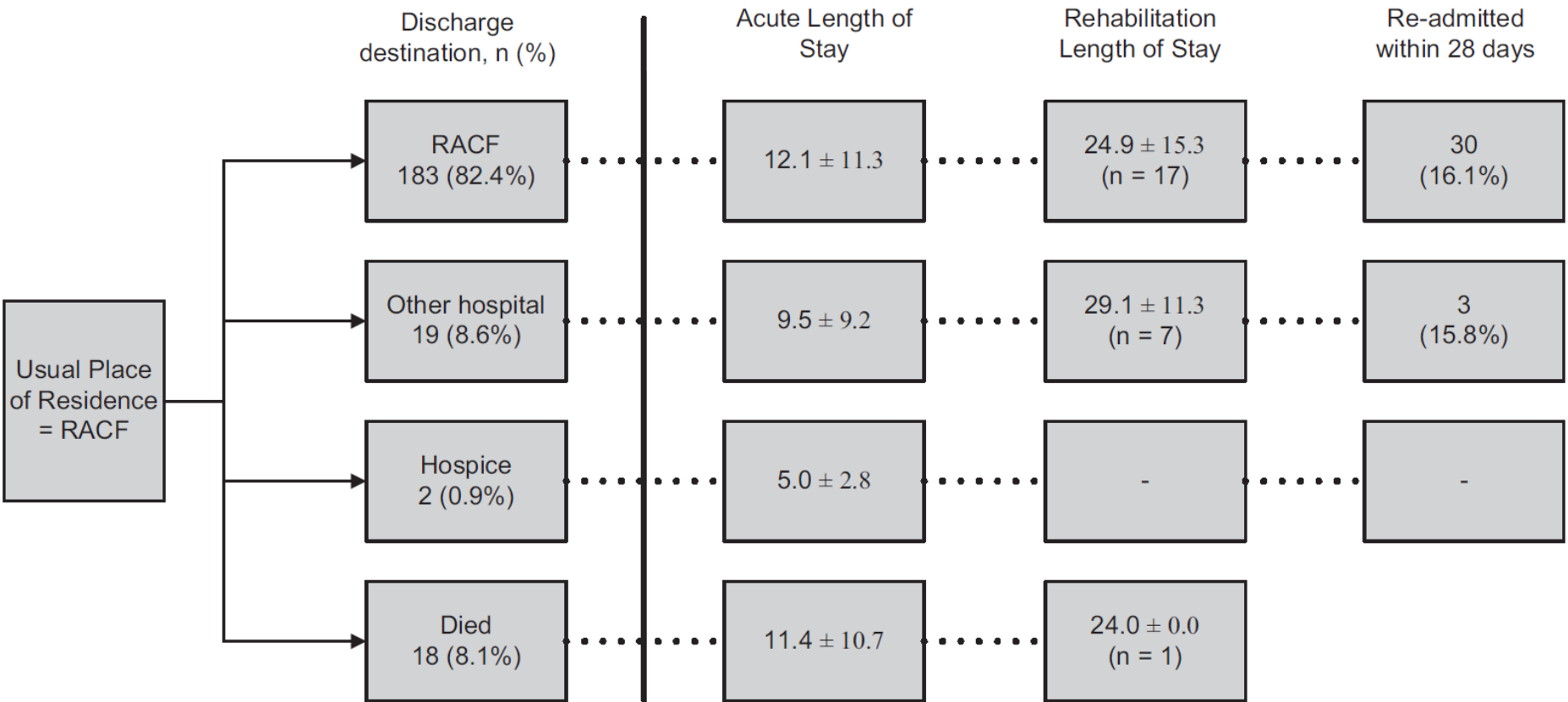
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Fall-related outcomes – from RACF (17%)

Health care transitions through study hospital and beyond 

ED



Usual Place of Residence = RACF