

# Dementia, Delirium & Falls

*NSW Falls Prevention Network Rural Forum*

Prof Paul Finucane

Thurs March 8<sup>th</sup>, 2018

# Aims:

Q. Why should we worry about falls in people with dementia?

Q. Why do people with dementia fall?

Q. Are falls any different in people with dementia than in those without?

Q. What can be done to prevent people with dementia from falling?

# Edna Gregory (1)

- 83 years old
- Lives with husband; 3-bedroomed house
- Dementing illness x 5 years; now moderately severe
- Attends dementia-specific day care on 5 days/week
- Husband (main carer) relatively fit but in mid-80s
- One period of residential respite care, but became more confused and had a fall
  - husband and family not keen to try this again
- Highly supportive family; Sleep-over roster in place



# Edna Gregory (2)

## Co-morbidities:

- Recurring UTIs with associated urinary incontinence and delirium
- Cerebro-vascular disease with multiple infarcts and small vessel disease on CT Brain
- Hypertension & Hyperlipidaemia
- Abdominal Aortic Aneurysm
- Chronic kidney disease
- Polypharmacy (on 12 different medications)



# Edna Gregory (3)

- Admitted to WWBH on 14/2/18 with L1 vertebral crush #.
  - fell onto and shattered a glass door; no skin lacerations.
- # R distal radius following a fall in Jan '18
- # L Neck of Femur in July '17
- # L distal radius in June '17.



# Prof Bernard Isaacs (1924-1995)



## Geriatric Giants (1965):

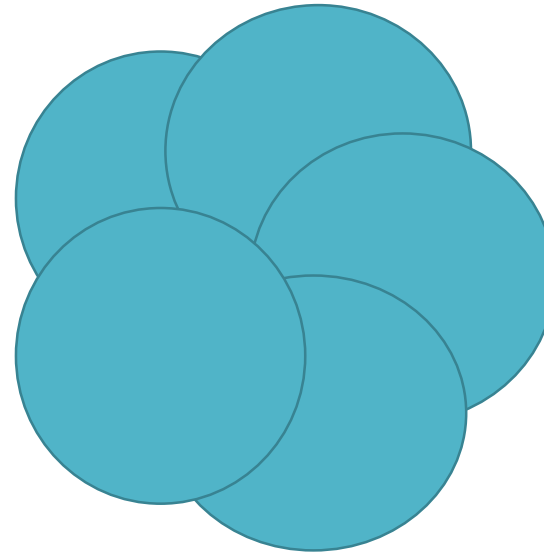
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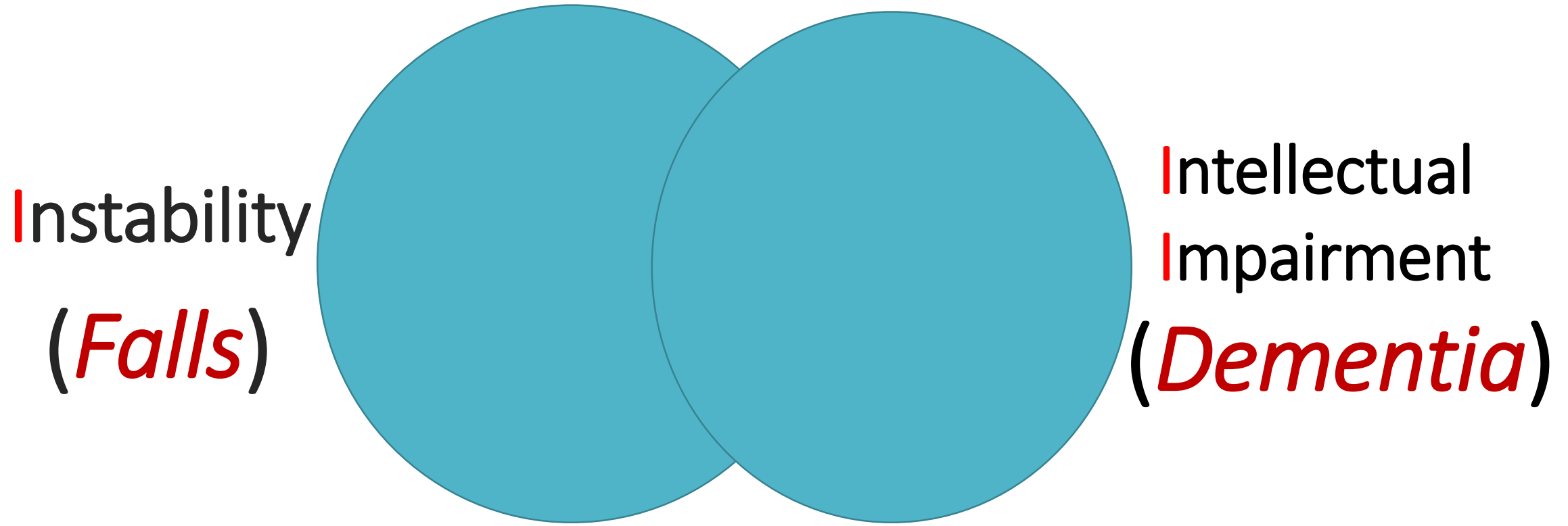
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# Today, let's just focus on two of the Geriatric Giants



# Frequency of Dementia & Falls:



Dementia: 5-10% of people aged over 65

have dementia

25-50% of people aged over 80

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Falls: 30% of people aged over 65

will fall in the next year

50% of people aged over 80



People with dementia are more likely to fall. Why is this?

# Why are people with dementia more likely to fall?

Some medical conditions cause both Dementia & Falls

- *e.g Cerebrovascular, Parkinson's, Lewy-Body diseases.*

More prone to risk-taking behaviour

- *Less insight into element of risk.*

Impaired 'sensorium'

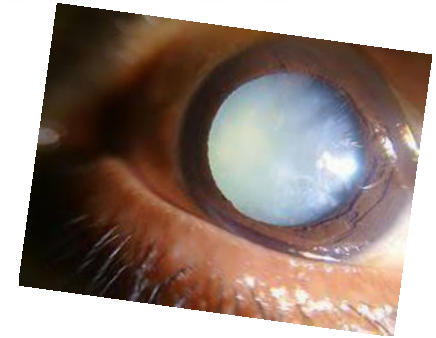
- *Integration of sight, hearing, touch, etc.*

Cluttered physical environment

Psychotropic medications

- *often used in patients with dementia*

- *a major risk factor for falls.*



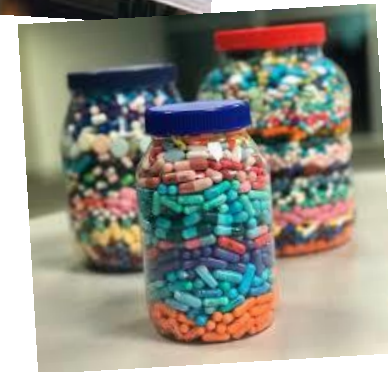
# Consequences of falls are greater with dementia.

- e.g. Over three times more likely to have a hip fracture
- Can signal the need to move to residential care.

## Why is this?

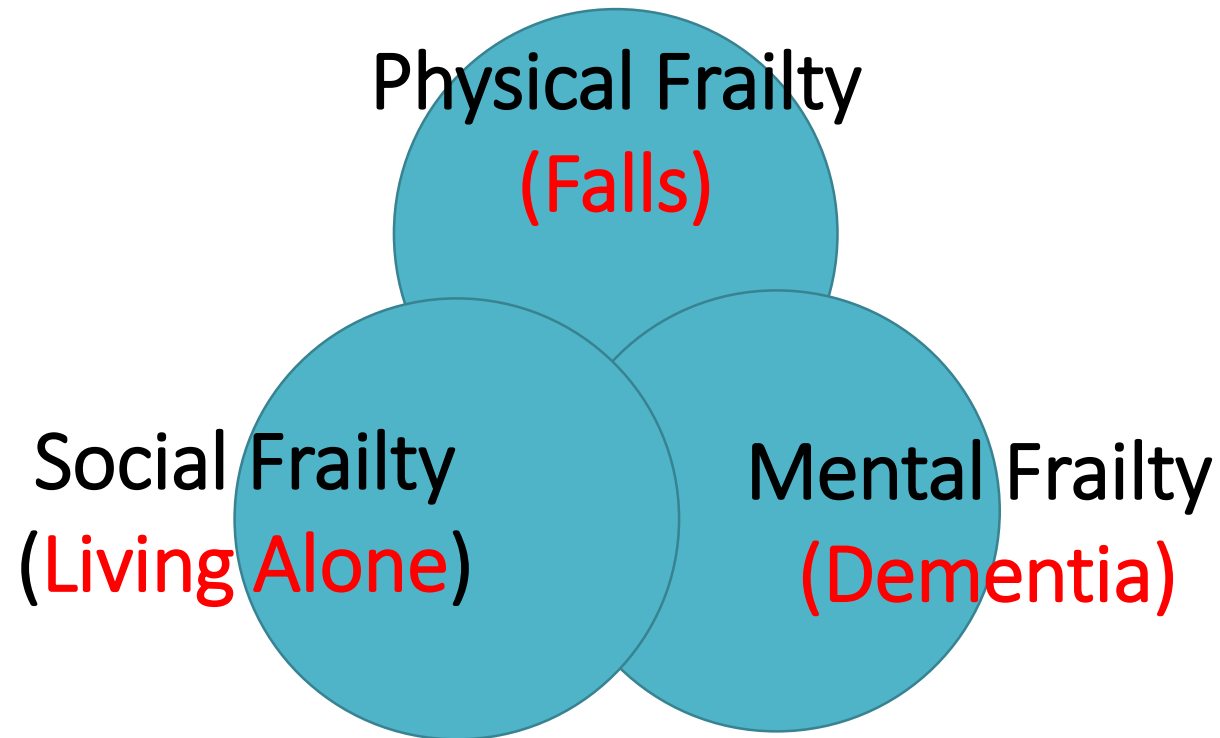
# Why falls have greater consequences in people with dementia.

- Less appreciation of danger
  - *greater degree of trauma*
- Impaired 'righting' reflexes
- Muscle weakness
- Gait & Balance problems
- Medications



*The things that cause people to fall also increase the risk of associated injury.*

# Why falls trigger admission to residential care in people with dementia:





# Falls are therefore a far greater concern in residential care (and hospital) settings.

- *where people with physical and mental frailty are concentrated.*
- *where the factors that increase falls risk are most commonly found.*
- *where we often do things that further increase the risk of falling.*

# Aims:

Q. Why should we worry about falls in people with dementia?

A. Because they are common and have major consequences!

Q. Why do people with dementia fall?

A. Because of a 'toxic combination' of physical, mental and environmental factors, often made worse by medical intervention!

Q. Are falls any different in people with dementia than in those without?

A. They sure are! More likely to happen. Greater consequences. More challenging to manage and to prevent.

Q. What can be done to prevent people with dementia from falling?

What can be done to prevent people like Mrs Gregory from falling again?

*Over to Danielle!*