

FALLS

A fall is one of the most common events that threaten the independence of older adults. Each year, up to a third of older adults living in the community suffers a fall. This number increases to almost two thirds among older adults who have a history of a fall in the past year. About half of all people in nursing homes fall each year.

Most falls result in a minor injury of some type, most often bruises and scrapes. However, 10—15% of falls result in a broken bone or other serious injury. Only half of older adults who fall are able to get up without help. Complications resulting from falls are the number one cause of death from injury in both men and women aged 65 and older. The risk of dying from a fall increases with age. In general, falls are associated with decreased function, greater chances of going to a nursing home, increased use of medical services, and the development of a fear of falling.

Because many falls result in injury, they often mean going to the emergency department. Research from the early 1990s shows that almost 8% of people aged 70 and older go to emergency departments each year because of an injury related to a fall. Close to a third of these people are admitted to the hospital, staying around 8 days.

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Causes of Falls

Most falls are caused by problems with walking, coordination, and balance, and most falls among older adults are rarely due to a single cause. Often, falls result from a buildup of problems in multiple areas. For example, a decline in function can be related to age, sudden or chronic disease, or medications, and interfere with walking, changing body position, or other normal [activities of daily living](#). These problems are worsened by improper footwear, travel over slippery or uneven surfaces, and running or jumping.

There are many risk factors for falls in older adults, including the following:

- Age
- Mental difficulties (eg, dementia)
- Sex (being a woman)
- Past history of a fall
- Weakness in the feet or legs
- Walking problems
- Foot disorders
- Problems with hearing or vision
- Balance problems
- Low vitamin D levels
- Medications (especially drugs used for psychiatric or mood problems)
- Arthritis
- Parkinson's disease

In general, the risk of falling increases as the number of risk factors increases, although some people with no risk factors still experience falls. Older adults often have multiple risk factors, so any particular fall usually can't be linked to one particular cause.

Low blood pressure may also be a risk factor for falls. Many older adults have poor blood flow to the brain, which is made worse by low blood pressure. For these people, common everyday stresses such as changing position (eg, standing) or eating a meal can result in low blood pressure, poor blood flow to the brain, and an episode of passing out. Also, we tend to lose body water as we age, which places older adults at increased risk of dehydration and low blood pressure during acute illness, use of diuretics (ie, "water pills"), or hot weather. This is one reason why it is important to drink enough fluid (nonalcoholic) every day (see also [Nutrition](#)).

A couple of chronic conditions related to age deserve special mention because they are commonly associated with falls. Arthritis is a very common disease that contributes to falls. Arthritis (especially in the knee) may affect mobility, agility, and posture. Parkinson's disease greatly increases the risk of falls because it causes stiff muscles, lack of coordination, low blood pressure (from medications), and sometimes mental impairment.

The home environment can also contribute to falls. For example, clutter around the house, rough carpet, uneven surfaces, and slippery floors can result in tripping and falling. These are important things to consider as part of a home safety checklist (see [Prevention](#)).

Evaluation of Falls

Evaluating a fall is very similar to evaluating a walking problem (see [Evaluation of Walking Problems](#)). The first step is to tell your healthcare provider that you fell, especially if you have fallen more than once. Unfortunately, many falls are never brought to the attention of a doctor or nurse, even in nursing homes. The cause of a fall should always be investigated to avoid another fall(s) in the future.

Tell your healthcare provider what you were doing when you fell, how you felt before you fell (eg, lightheaded, unbalanced, dizzy), whether you passed out, and when and where you fell. Information on lighting, floor covering, door thresholds, footwear, clutter, railings, and furniture is also important.

Your healthcare provider will perform a physical examination, looking for the same types of things that are often associated with walking problems (see [Assessment of Walking Problems](#)), and measure your blood pressure. More sophisticated tests may be required (eg, heart tests, neurologic tests, CAT scan, x-rays of the spine, etc) if problems in a specific area are suspected.

Treatment and Prevention of Falls

Prevention of falls depends on the causes and risk factors and may include the following:

- Exercise or physical therapy
- Identification and correction of hazards in the home environment
- Behavioral therapy
- Changes in medication
- Nutritional or vitamin supplementation
- Drug treatment (eg, hormones)
- Use of assistive devices to help with balance and stability

The most common treatments for falls address medication use, problems with walking or

getting around, and specific medical conditions.

One of the most easily changed risk factors for falls is medication use. Some types of medications (eg, drugs for depression, anxiety, or psychiatric illness) are associated with an increased risk of falls and hip fracture. An increased risk of falling has also been associated with recent changes in the dose of some medications and the total number of medications that a person is taking.

Footwear can also be easily corrected. In one study of older men, shoes with thin, hard soles provided better balance and surer footing than other shoes, even shoes that were thought to be more comfortable (eg, running shoes).

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