

SUGGESTIONS ON HOW TO PREVENT FALLS IN THE ELDERLY

By Sean J. Doolan, Esq.

According to the Center for Disease Control and Prevention, each year 1.8 million Americans over the age of 65 are injured in falls.¹ Some recover quickly from the fall but many do not. Among people age 65 and older, falls are the leading cause of injury, death and serious injury.² In 2005 433,000 of people over the age of 65 were admitted to hospitals after falling and 15,800 died as a direct result of the fall. According to a recent New York Times article dated falls are the fifth leading cause of death in the elderly. For those seniors with osteoporosis, falls can cause devastating injuries such as hip fractures.³ Half of all older adults hospitalized for a hip fracture do not return home or live independently after their injuries.⁴

While the causes of falls are varied, they can generally be divided into two categories, personal factors and environmental factors. Some examples of personal factors include muscle weakness, balance problems, limited vision, and medications such as tranquilizers. Some environmental factors include loose rugs, other tripping hazards, poor lighting, no grab bars, furniture, wheelchairs and physical restraints.

There are a number of interventions that can substantially reduce the risk of falling in the elderly. The environmental factors are easier to identify and remedy. If there is carpeting, those with shallow pile are preferred with the edges tacked down. Non-skid wax applications can be used for some areas of flooring without carpeting. Cords and small objects should be kept clear of walking paths. Eyeglasses and hearing aides should be used when necessary. Handhold bars can be installed in the home to aid walking or other activities such as showering.

Lighting is an important part of any fall prevention plan. The elderly have far more difficulty with visual acuity, adaption to the dark, peripheral vision and adjusting to contrasts in lighting. You should aim to provide lighting that reduces glares and shadows on the floors, provide accessible light switches upon entry to a room, and adequate lighting in areas frequented at night such as the bathroom. You can also install non-slip mats in the shower and on the bathroom floor. Positioning the bed against the wall and keeping it in a low position can help to prevent falls from bed. Finally placing a commode by the bedside can help to reduce the number of evening trips to the bathroom.

Medications that are typically given to the elderly that suffer from dementia or depression can significantly increase a person's risk for falling. Benzodiazepines, such as flurazepam and diazepam, as well as antidepressants such as amitriptyline, doxepin, and imipramine and antipsychotics such as thioridazine, haloperidol, and chlorpromazine significantly increase a person's risk of falling.⁵ Furthermore, residents taking selective serotonin-reuptake inhibitors (SSRI'S) have an 80% increase in the likelihood of falls.⁶ Exercise programs can be implemented to increase lower body strength and balance.

Some common medical conditions such as diabetes and arthritis can increase someone's risk of falling. When a diabetic has low blood sugar they become nervous, weak, and tremble, all of which impact walking. Diabetes can also lead to visual impairment that can limit one's ability to walk. Arthritis leads to decreased joint mobility and pain upon moving thus creating a greater risk of falling.

You should consult with your loved one's primary care physician to determine their personal risk factors that increase their risk of falling. Ask their physician if there are any medications that they are taking that may increase their chances of falling. Also inquire as to whether any common medical conditions exist that may cause a risk for falling.

If your loved one is at risk for falling it is important that you implement the necessary preventative measures to prevent them from falling. These fall prevention measures outlined above should be considered wherever your loved one is living, whether it is at home, a nursing home, or an assisted living facility.

1. Lesley Ann Clement, Esq. citing S.L. Murphy, 48 (11) Deaths: Final Date for 1998, in National Vital Statistics Reports (Hyattsville, Maryland: National Center for Health Statistics 2000).
2. Investigation and Case preparation 7,205 Patricia W. Iyer ed, Lawyers & Judges' Pub. & Co. 1999.
3. Lesley Ann Clement, Esq. citing L.J. Melton III & B.L. Riggs, Epidemiology of Age-Related Fractures in The Osteoporotic Syndrome 45-72 (L.V. Avioli ed. New York, Grune & Stratton 1983).
- 4 . Lesley Ann Clement.
5. W.A.Ray et al. Psychotropic Drug use and the Risk of Hip Fracture, 316 (7) New England Journal of Medicine, 364 (1987).
6. P.B. Thapa et al. Antidepressants and the Risk of Falls Among Nursing Home Residents, 399 (13) New England Journal of Medicine, 875 (1987).

By: Sean J. Doolan, Esq.
April, 2009