

FALLS MANY FALLS ARE PREVENTABLE

Key Facts about Falls



Falls are NOT a normal part of aging, but 33% of adults over 65 fall each year

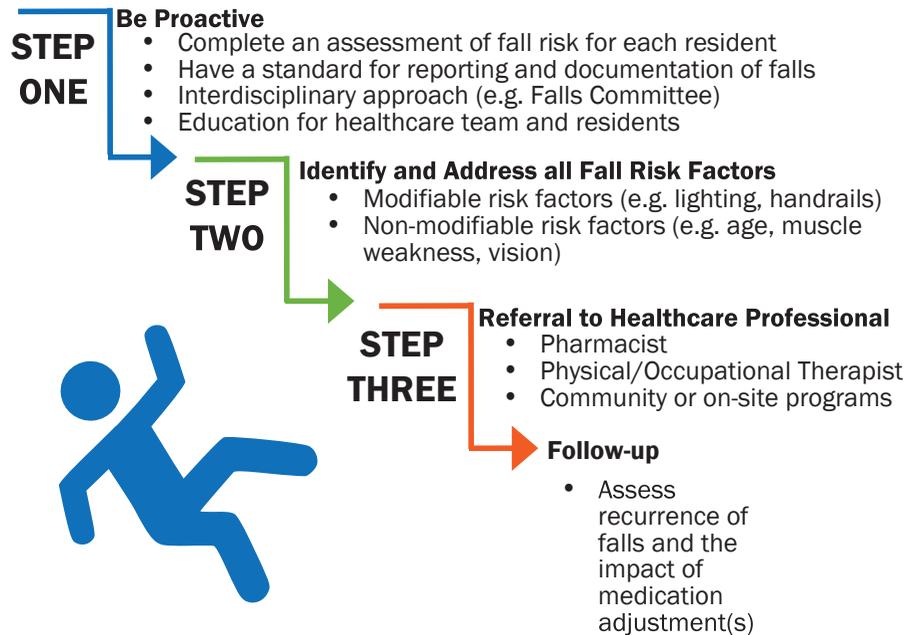


Falls prevention is one of the biggest safety challenges in our homes



Falls are one of the leading causes of injury-related deaths and the most common cause of non-fatal injuries

Key Steps for Falls Prevention



Risk Factors



Biological Factors:

- Age
- Joint Stiffness
- Poor vision
- Poor Balance



Behavioural Factors:

- Multiple medications
- Lack of exercise
- Inadequate diet
- Poor footwear



Environmental Factors:

- Stairs
- Lighting
- No handrails
- Slippery Floors



Socioeconomic Factors:

- Living alone
- Poor eating habits
- Lack of social activities or friends, leading to depression/isolation



Medical conditions:

- Arthritis
- Depression
- Diabetes mellitus
- Heart/blood vessel disorders
- Osteoporosis
- Parkinson's disease



Medications:

- Antipsychotics
- Sedatives
- Antidepressants
- Blood Pressure medication
- Opioids
- Allergy/Antihistamines
- Corticosteroids
- Diabetes medications

Pharmacist's Role

Medication use is potentially the most modifiable risk factor to reduce falls. The clinical pharmacist plays a role in falls prevention by completing a comprehensive falls focused medication review and consult and providing recommendations to improve the bone health of the resident and reduce the risk of a fall.

Medication Management in Falls Prevention

- Vitamin D is shown to improve muscle strength and prevent falls. Vitamin D supplementation of 800-2000 IU per day should be prescribed to older adults with vitamin D deficiency, abnormal gait or balance or those at high risk for falls.
- Calcium supplementation up to 500mg daily, for those who cannot meet the Recommended Daily Allowance for calcium through their food/meals (e.g. 1200mg/day or 3 servings of dairy).
- Minimization or withdrawal of medications associated with high fall risk.
- Modification of medications by choosing safer alternatives and eliminating inappropriate medications where there is no active indication.
- Dosing time adjustments for medication with sedative potential to be given at night.
- Dose reductions should be considered for medications associated with falls.
- Monitor for potential side effects such as orthostatic hypotension.
- Assess the need for treatment of osteoporosis to reduce fracture risk in the elderly at high risk for falls.