

Fall Risk and Prevention in Long-Term Care

Risk Factors for Falls

Intrinsic (Patient) Factors

- Balance and Gait Impairment
- Visual Impairment
- Orthostatic Hypotension
- Medication
- Cognitive Impairment

Extrinsic (Environmental) Factors

- Physical Disabilities
- Instrument Usage (wheelchair, walker, etc.)
- Home and Room Hazards

Non-Medication Falls Prevention Strategies

- Environmental-Related Prevention
 - Ensure trip hazards and other obstacles are minimized in patient room
 - Address effectiveness of instrument usage
- Condition-Related Prevention
 - Assess and treat neurologic, gait and balance disorders
 - Assess for orthostatic hypotension and treat if indicated
 - Midodrine and fludrocortisone are common treatments
 - Evaluate other cardiovascular causes
 - Carotid stenosis (common in elderly), arrhythmias, other

Medication Considerations in Falls

- Geriatric and chronically ill patient's response to medications differs from the general population
 - Physiologic and body composition changes alter drug absorption, metabolism, and elimination
 - Organ function decline (kidney and liver) slows metabolism and elimination
 - Increased medication utilization increases risk of drug interactions

Medications Implicated in Falls

Causative Medications

- Opioids
- Psychotropics
- Anticholinergics
- Muscle Relaxants
- Antidepressants and Antiepileptics

Worsen Fall Injury

- Antiplatelets
- Anticoagulants

Medication Management Strategies in Falls Prevention

- Quality medication reconciliation
- Medication assessment and risk evaluation
 - Beer's Criteria and STOPP/START Criteria
 - Address polypharmacy and identify de-prescribing opportunities
- Assess cognition and mood and identify untreated conditions
- Mitigate fall injury severity
 - Increase bone density
 - Evaluate risk/benefit of antiplatelets and anticoagulants