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**
 - 0 Ensure trip hazards and other obstacles are minimized in patient room
 - Address effectiveness of instrument usage 0
- **Condition-Related Prevention**
 - Assess and treat neurologic, gait and balance disorders
 - Assess for orthostatic hypotension and treat if indicated 0
 - Midodrine and fludrocortisone are common treatments
 - Evaluate other cardiovascular causes 0
 - 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 0
 - Organ function decline (kidney and liver) slows metabolism and elimination
 - Increased medication utilization increases risk of drug interactions \cap

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
 - o Beer's Criteria and STOPP/START Criteria
 - \circ $\;$ Address polypharmacy and identify de-prescribing opportunities $\;$
- Assess cognition and mood and identify untreated conditions
- Mitigate fall injury severity
 - Increase bone density
 - o Evaluate risk/benefit of antiplatelets and anticoagulants

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