



Talking Points on Falls

- What we do know is that falls happen, in care facilities and in the community.
- Falls in care centers have increased partially because of the changing nature of care delivery and who we care for:
 - Restraint reduction efforts from the 1990s resulting in removal of side-rails as restraints, and restraining devices in chairs. This has increased autonomy but has also increased the risks of falls when unstable residents choose to “get up and going.”
 - Increased emphasis on autonomy and independence has led to greater efforts at self mobility, increasing risks of falls.
 - Increased rehabilitative services done in care centers soon after an acute episode increases risks of falls.
- **What are some additional causes of falls? ***
 - The normal changes of aging, like poor eyesight or poor hearing, can make people more likely to fall.
 - Illnesses and physical conditions can affect strength and balance.
 - Poor lighting or throw rugs in the home can make people more likely to trip or slip.
 - The side effects of some medicines can upset balance and make people fall.
 - Medicines for depression, sleep problems and high blood pressure often cause falls. Some medicines for diabetes and heart conditions can also make people unsteady on your feet.
 - People may be more likely to fall if they are taking four or more medicines. They are also likely to fall if they have changed medicine within the past two weeks.

- Individuals can fall anywhere—not just in nursing facilities. In the United States, unintentional falls are the most common cause of nonfatal injuries for people older than 65 years.
 - Up to 32 percent of community-dwelling individuals over the age of 65 fall each year, and females fall more frequently than males in this age group.
 - Fall-related injuries are the most common cause of accidental death in those over the age of 65, resulting in approximately 41 fall-related deaths per 100,000 people per year. In general, injury and mortality rates rise dramatically for both males and females across the races after the age of 85, but males older than 85 are more likely to die from a fall than females. **

**American Academy of Family Physicians 2000 Falls Prevention and Facts*

***Patient Safety and Quality: An Evidence-Based Handbook for Nurses*

http://www.ahrq.gov/qual/nursesfdbk/docs/CurrieL_FIP.pdf

- UCSF Division of Geriatrics Primary Care Lecture Series May 2001
- Minnesota Department of Health “Best Practices to Prevent Falls”
<http://www.health.state.mn.us/injury/best/best.cfm?gcBest=fall>
- <http://www.mnfallsprevention.org>