

Additional Notes

Falls: Balancing Risk

Did You Know?

- Globally, approximately 28-35% of people aged 65 and over fall each year increasing to 32-42% for those over 70 years of age.
- The frequency of falls increases with age and frailty level. Older people who are living in care homes fall more often than those who are living in the community.
- Approximately 30-50% of people living in long-term care institutions fall each year, and 40% of them experience recurrent falls.¹
- Falls are a major health issue in the community with around 30% of adults over 65 experiencing at least one fall per year.
- From 2010 (240,000 bed days per year) to 2051 (450,000 bed days per year) the number of hospital bed days per year needed due to falls will nearly double.
- The utilisation of nursing homes due to falls has also been predicted to rise from around 800,000 beds in 2010 to nearly 1.8 million by 2051.
- Falls account for 40% of injury-related deaths and one percent of total deaths in the over 85's.
- Falls account for 40% of injury-related deaths and one percent of total deaths in this age group. Depending on the population under study, between 22-60% of older people suffer injuries from falls, 10-15% suffer serious injuries, 2-6% suffer fractures and 0.2-1.5% suffer hip fractures.²

¹ World Health Organisation (WHO) Global Report on Falls Prevention in Older Age
http://www.who.int/ageing/publications/Falls_prevention7March.pdf

² Australian & New Zealand Falls Prevention Society
<http://www.anzfallsprevention.org/info/>

Additional Notes

Hydration & Nutrition

It is important to support people to maintain a well-balanced diet, to ensure they get the necessary hydration and nutrition. A low body weight due to malnutrition can increase falls risk, due to the effects on strength and bone density.

Vitamin D is a vitamin that helps improve muscle function, and in conjunction with calcium helps minimise bone loss. Evidence based research suggests that if older people take Calcium and Vitamin D supplements, it can lead to a reduced risk of falls and reduced fracture rates. At least three serves of calcium-rich foods are recommended each day. Although Vitamin D is found in some food sources (eggs, margarine, oily fish), the best source is the sun.

Other important vitamins associated with mobility include Vitamins A, C and E. All are important for eye health and a deficiency can cause vision impairment that can lead to confusion, disorientation and poor balance, increasing the risk of a fall. Folic Acid and Vitamin B12 deficiency can also cause confusion and affect perception or awareness of the position and movement of the body (proprioception), again affecting mobility.

Medication

Some medications or combinations of medications may increase the risk of falling. The risk of falls can be increased by interactions between medicines and by taking multiple medicines simultaneously. The risk of falls is also increased by taking medications that:

- act on the heart and circulation by reducing blood pressure or slowing the heart rate
- act on the brain e.g. sedatives, antipsychotics or sedating antidepressants which can cause drowsiness and slow reaction times
- have side effects such as dizziness or light-headedness
- affect vision e.g. making it blurry or causing double vision
- have a diuretic effect, making people need to urinate more frequently

Some medications may also impact the severity of falls e.g. if someone is on anticoagulants, they are at greater risk of bleeding.

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