PREVENTING FALLS AMONG OLDER PEOPLE IN THE COMMUNITY

Elizabeth Machado

Where falls occur in the community
- 65% of falls occur at home
- 50% in living areas and the bedroom
- Less than 10% in bathrooms, toilets or kitchens
- 25% in public places; mainly on footpaths, in shopping centres and on stairs.

LOCATION OF FALLS

Falls Risk Factors

Risk factors for falls
- Risk factors are usually divided into:
  - Intrinsic/Internal: those that are particular to the person such as poor balance, chronic condition, poor vision.
  - Extrinsic/External: Environmental and hazards both in and out of the home.

Common risk factors for falls
- Previous fall
- Poor mental state
- Unsafe mobility
- Visual impairment
- Incontinence
- Medications
- Home hazards
- Chronic conditions
- General wellness
If an older person has had a fall this increases their risk of having another. A Fall can lead to loss of confidence and reduction in activity which can lead to more falls. An injury from a fall puts a person more at risk - particularly fractures.

Confusion and disorientation are closely linked to increased falls risk. Can be acute or long term. Dementia is very closely linked to falls risk due to decreased physical function and/or inability to make correct judgments – too cautious or not able to judge risk. Poor ability to follow safety instructions or to use devices such as personal alarms.

Poor balance and decreased strength increases risk of falls. Decreased ability to walk safely around home environment and get out of chairs etc. Walking aids can increase risk if not properly prescribed, used or maintained.

Impairment of vision such that everyday function is effected ie from disease process, cataracts etc. Normal aging reduces contrast sensitivity and reactions to glare increase. Vision prescription that is out of date. Bi or multifocal glasses.

Urinary/bowel urgency and/or incontinence are a risk for safely managing toileting. Rushing to the toilet can be unsafe if mobility is impaired. Managing pants and pads can lead to tripping or over balancing. More difficult to use hip protectors with pads.

4 or more medications linked to increased falls risk, if not properly prescribed and regularly reviewed. Side effects of some medication increase risk of falls ie dizziness, low blood pressure, urinary urgency etc. Sedatives/sleeping pills most implicated in falls.
### Home Hazards
- Clutter impeding movement around house or use of walking aid
- Poor lighting
- Unsafe bathrooms/toilets
- Loose mats/holes in carpet
- Slippery floors due to water or powder
- Moss/wet leaves on paths
- Hoses and pets.

### Chronic Conditions
- Long term disability caused by chronic condition i.e.
  - Osteo/Rheumatoid arthritis – reduced ability to mobilise and to save self from fall.
- Diabetes can lead to poor sensation in feet for walking and poor eyesight.
- Stroke disability is a particular risk – both due to physical and cognitive residual effects.

### General Wellness
- Frailty
- Osteoporosis – increased fracture risk
- Poor nutrition and hydration
- Obesity
- Alcohol consumption
- Acute Illness
  - Can lead to such things as confusion and incontinence

### What Can you do?
- Screen all clients over 65 for falls risk
  - Can be as simple as asking if they have had a fall in the last 12mths
  - Use a screening tool in NSCCH Community resource folder
  - Know what the falls risks are and look for them during home visits

### What Can you do?
- Discuss any identified falls risks with your clients/carers
- Refer clients at risk or who have had a fall to a health professional for a falls assessment eg Community Nurse, Occupational Therapist, GP, Physiotherapist etc

### What can you do?
- Talk to and educate your care workers/volunteers about the falls risk – get them to report falls to the coordinator
- Provide Falls Prevention information to all clients/carers over 65 – talk to your clients about falls risks factors
What Can you do?

- Encourage clients/carers to participate in exercise programs developed by trained providers eg Active over 50’s, Healthy Lifestyle
- Implement a ‘Falls Pathway’ for your service

Example of Falls Pathway

- Service providers to use Simple falls screening tool
- Low falls Risk
  - First aid management
  - Dress wound
  - In case of head trauma, stroke or fracture then keep client calm, do not move and give no fluids or food
  - Inform Case manager or Call GP or Call ambulance

- High falls Risk or deemed at risk of falling
  - Speak with family member if present about your concerns if appropriate
  - Advise Case Managers and they will refer to appropriate person
  - In a Day Centre call GP or family member
  - Give Low falls risk resources especially Hip Protector pamphlets

Consider Private Services

- Private Physiotherapy, Exercise Physiologists, Occupational Therapist
- Private home nursing/care services
- Private equipment loan service

Physical Activity

- NSCCH Healthy Lifestyle
  - Staying Active Staying Strong, Strength training (55+)
  - Upright and Active (75+)
  - Gentle exercise
  - Tai Chi
  - Yoga
  - Aquafitness
  - Ph: 8877 5300
  - Stepping On groups for 65+
  - 9808 9685 or 0491 715 845

Thank you.

Questions?