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Reducing Fall Risk in Older Adults:

Evidence supports addressing medication management

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More than one in four American adults ages 65 and older reported falling and one in 10 reported a fall-related injury in 2014.[1] Among older adults, falls account for approximately 60% of all injury-related ED visits and over 50% of injury-related deaths annually.[2] Rates of medically treated falls are rising and the older adult population is increasing,[1] which will result in a significant burden on the health care system if more is not done to prevent falls. Although falls among older adults are common, they can be prevented by targeting modifiable risk factors such as vestibular disorders, postural hypotension, vision impairment, foot problems, and medication adverse effects. Effective evidence-based interventions include participation in physical therapy or an exercise program, managing postural hypotension, referral to vision specialists or podiatrists, and medication review and management.[3]

Medication use is prevalent in older adults, with four out of five taking at least one prescription medication daily and over a third taking five or more.[4] According to unpublished data from the Centers for Disease Control and Prevention (CDC), more than half of all older adults (53%) used at least one medication in 2013 whose adverse effects were linked to falls. This makes medication management a key component in reducing fall risk. Psychoactive medications used to treat psychosis, anxiety, depression, pain, and sleep disorders affect the central nervous system and can cause adverse effects that increase the risk of falls. According to the unpublished CDC data, older women are at an increased risk for medication-related falls compared with older men because women use more medications associated with falls (57% versus 49%). Specifically, older women use more opioids (37% versus 33%) and benzodiazepines (19% versus 11%).

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In response to the need to prevent falls and fall-related injuries in older adults, the CDC has developed the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative to guide nurses and other health care providers in (1) screening older adults for fall risk, (2) assessing modifiable risk factors, and (3) intervening to reduce risk by using effective clinical and community strategies (see Figure 1). On the CDC's STEADI web page (www.cdc.gov/steadi), nurses can access the STEADI Older Adult Fall Prevention Online Training for Providers, which offers an overview of the STEADI initiative and free continuing education for nurses; medication management resources including the SAFE (screen, assess, formulate, and educate) Medication Review Framework for a targeted medication review; and the *Medications Linked to Falls* fact sheet.

Older women are at an increased risk for falls.

Nurses play an important role in reducing patients' fall risk by identifying medications associated with increased fall risk; educating patients on the risks and benefits of their medications; and working with pharmacists and prescribers to stop or switch medications, or reduce the doses of medications, associated with falls. Minimizing older adults' exposure to psychoactive medications is an important intervention to improve health outcomes and decrease falls. ▼

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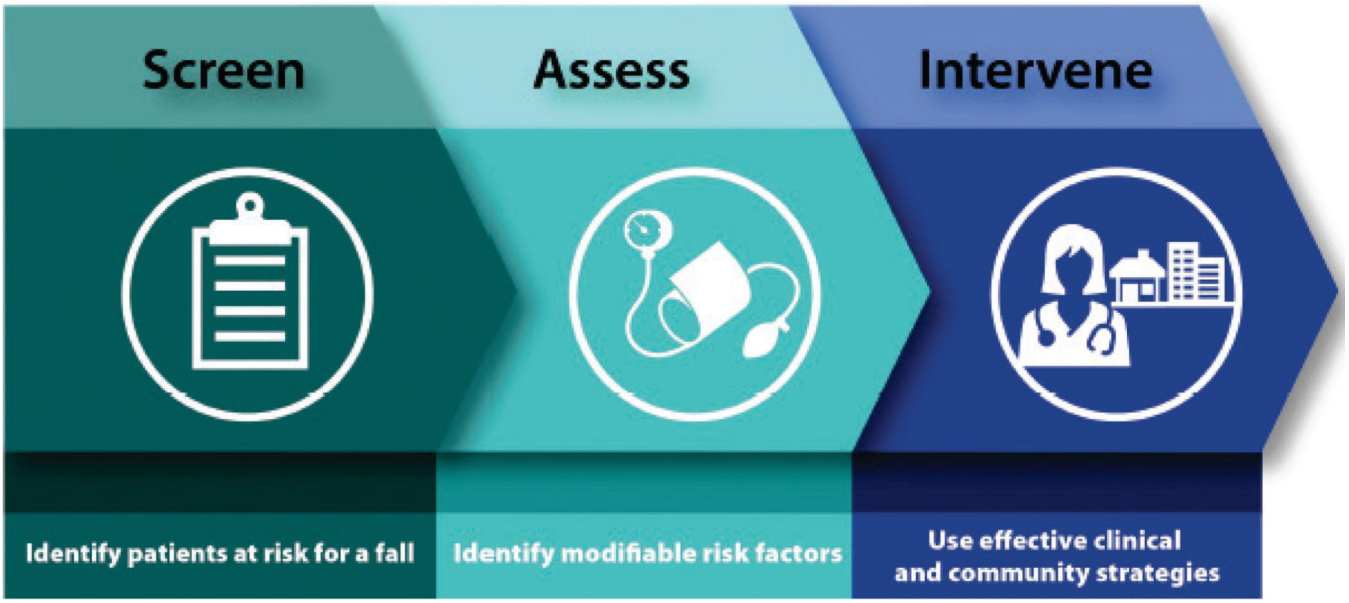

Figure 1.
The three elements of the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative. Image courtesy of the Centers for Disease Control and Prevention.