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WHITE PAPER ALERT

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New Fall Risk Guidelines

On January 13, 2011, the American Geriatrics Society (AGS) and the British Geriatric Society (BGS) published a summary of recommendations in the online version of the *Journal of the American Geriatrics Society* updating their 2001 guidelines on preventing falls in the elderly.

Under the new guidelines all healthcare practitioners dealing with older adults should perform fall screening and prevention analysis. New assessments involving foot condition, balance, foot wear, fear of falling, and the ability to carry out activities of daily living (ADLs) are recommended. The groups recommend all interventions for fall prevention include an exercise component, with additional interventions to be considered including reducing medications.

The new recommendations were developed by a panel of experts in fall prevention and geriatrics, with representatives from the fields of physical therapy, pharmacy, orthopedics, emergency medicine, occupational therapy, nursing, home care, and geriatric clinical practice. The American College of Emergency Physicians, the American Medical Association, the American Occupational Therapy Association, and the American Physical Therapy Association are endorsing the updated guidelines.

The panel noted there is emerging evidence that the rate of serious fall injuries, such as hip fractures, is decreasing modestly in areas where fall prevention is integrated into clinical practice. The panel believes making fall prevention part of the clinical care of older adults will continue this trend.

The new assessment recommendations included recommending clinicians ask older patients if they have fallen recently or if their gait is unsteady, as a first step toward evaluating fall risk. Questions should include frequency of falling, symptoms at the time of fall, and injuries from the fall.

Patients with no evidence, or history of, gait problems or recurrent falls do not require a fall risk assessment. However, those with gait unsteadiness or recent falls should undergo multi-factorial fall risk assessment, including evaluation for muscle weakness, balance problems, or orthostatic changes in blood pressure. Any identified problems should be addressed with *specific interventions*.

New specific recommendations for evaluation of fall risk also include examination of the feet and footwear, functional evaluation including activities-of-daily-living skills and use of adaptive equipment and mobility aids, self-report of functional ability and fears concerning falling, and environmental evaluation including home safety.

New Recommendations

Recommendations for interventions that are new since the 2001 guidelines include the following:

- Multi-factorial interventions should always include an exercise component, such as tai chi, physical therapy, or other exercise for balance, gait, and strength training, in group programs or as individual programs at home. Endurance and flexibility training may be prescribed, but not apart from strength training. *On the basis of currently available evidence, exercise programs are recommended only for community-dwelling older persons.*
- Environmental adaptation by a healthcare professional should be considered to reduce factors in the home and in daily activities that could increase fall risk.
- Cataract surgery should be performed if indicated, but this, or other vision intervention, should not be administered in isolation, apart from a multi-factorial assessment and intervention strategy.
- Medication reduction, or withdrawal, is recommended, particularly for sedatives, antidepressants, and other drugs affecting the central nervous system, regardless of the number of medications prescribed. *This is a change from the 2001 guidelines, which recommended reducing medications only if patients were taking 4 or more.*
- Orthostatic hypotension, arrhythmias, and heart rate abnormalities should be managed appropriately as part of a multi-factorial intervention strategy. Older persons with cardio-inhibitory carotid sinus hypersensitivity who have unexplained recurrent falls may benefit from dual-chamber cardiac pacing.
- All older adults at risk for falls, and those with known or suspected vitamin D deficiency, should receive a daily Vitamin D supplement (800 IU).

The panel found the most effective trials for preventing falls in older people incorporated multiple interventions, not just one. Previous studies indicate it is more effective to focus on one intervention, but the panel looked at, not only, what recommendations were given, but also which were carried out, and concludes multi-factorial intervention is the best course of action.

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CONCLUSION:

These new guidelines are important for all practitioners, especially Long Term Care providers. Given the breadth of their acceptance in the world of medical academia these recommendations may well morph into the standard of care in a short time.

See, *J Am Geriatr Soc.* Published online January 13, 2011.

Please contact us with any questions.

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