

PREVENTING/REDUCING FALLS

One in four older Americans falls every year. **Falls** are the leading cause of both fatal and nonfatal injuries for people aged 65+.

Falls can result in hip fractures, broken bones, and head injuries. And even falls without a major injury can cause an older adult to become fearful or depressed, making it difficult for them to stay active.

Helping them reduce their risk of falling is a great way to help them stay healthy and independent as long as possible.

The good news about falls is that most of them can be **prevented**. The key is to know where to look. Here are some common factors that can lead to a fall:

- **Balance and gait:** As we age, most of us lose some coordination, flexibility, and balance— primarily through inactivity, making it easier to fall.
- **Vision:** In the aging eye, less light reaches the retina—making contrasting edges, tripping hazards, and obstacles harder to see.
- **Medications:** Some prescriptions and over-the-counter medications can cause dizziness, dehydration or interactions with each other that can lead to a fall.
- **Environment:** Most seniors have lived in their homes for a long time and have never thought about simple **modifications** that might keep it safer as they age.
- **Chronic conditions:** More than 80% of older adults have at least one **chronic condition** like diabetes, stroke, or arthritis. Often, these increase the risk of falling because they result in lost function, inactivity, depression, pain, or multiple medications.

6 Steps to Reducing Falls

Here are six easy steps you can take today to help reduce their risk of a fall:

1. Enlist their support in taking simple steps to stay safe.

Ask your older loved one if they're concerned about falling. Many older adults recognize that falling is a risk, but they believe it won't happen to them or they won't get hurt—even if they've already fallen in the past. A good place to start is by sharing NCOA's **Debunking the Myths of Older Adult Falls**. If they're concerned about falling, dizziness, or balance, suggest that they discuss it with their health care provider who can assess their risk and suggest **programs** or services that could help.

2. Discuss their current health conditions.

Find out if they are experiencing any problems with managing their own health. Are they having trouble remembering to take their medications—or are they experiencing side effects? Is it getting more difficult for them to do things they used to do easily?

Also make sure they're taking advantage of all the **preventive benefits now offered under Medicare**, such as the Annual Wellness visit. Encourage them to speak openly with their health care provider about all of their concerns.

3. Ask about their last eye checkup.

If they wears glasses, make sure they have a current prescription and they're using the glasses as advised by their eye doctor.

Remember that using tint-changing lenses can be hazardous when going from bright sun into darkened buildings and homes. A simple strategy is to change glasses upon entry or stop until their lenses adjust.

Bifocals also can be problematic on stairs, so it's important to be cautious. For those already struggling with low vision, consult with a low-vision specialist for ways to make the most of their eyesight.

4. Notice if they're holding onto walls, furniture, or someone else when walking or if they appear to have difficulty walking or arising from a chair.

These are all signs that it might be time to see a physical therapist. A trained physical therapist can help them improve their balance, strength, and gait through exercise. They might also suggest a cane or walker—and provide guidance on how to use these aids. Make sure to follow their advice. Poorly fit aids actually can increase the risk of falling.

5. Talk about their medications.

If they are having a hard time keeping track of medicines or are experiencing side effects, encourage them to discuss their concerns with their doctor and pharmacist. Suggest that they have their medications reviewed each time they get a new prescription.

Adding a timed medication dispenser that is refilled each month promoted peace of mind and allowed us to ensure her adherence to the prescribed regime.

Also, beware of non-prescription medications that contain sleep aids—including painkillers with “PM” in their names. These can lead to balance issues and dizziness. If your older loved one is having sleeping problems, encourage them to talk to their doctor or pharmacist about safer alternatives.

6. Do a walk-through safety assessment of their home.

There are many simple and inexpensive ways to make a home safer. For professional assistance, consult an Occupational Therapist. Here are some examples:

- **Lighting:** Increase lighting throughout the house, especially at the top and bottom of stairs. Ensure that lighting is readily available when getting up in the middle of the night.
- **Stairs:** Make sure there are two secure rails on all stairs.
- **Bathrooms:** Install grab bars in the tub/shower and near the toilet. Make sure they're installed where your older loved one would actually use them. For even greater safety, consider using a shower chair and hand-held shower.

Source: Z. McGee, Morgan Co.