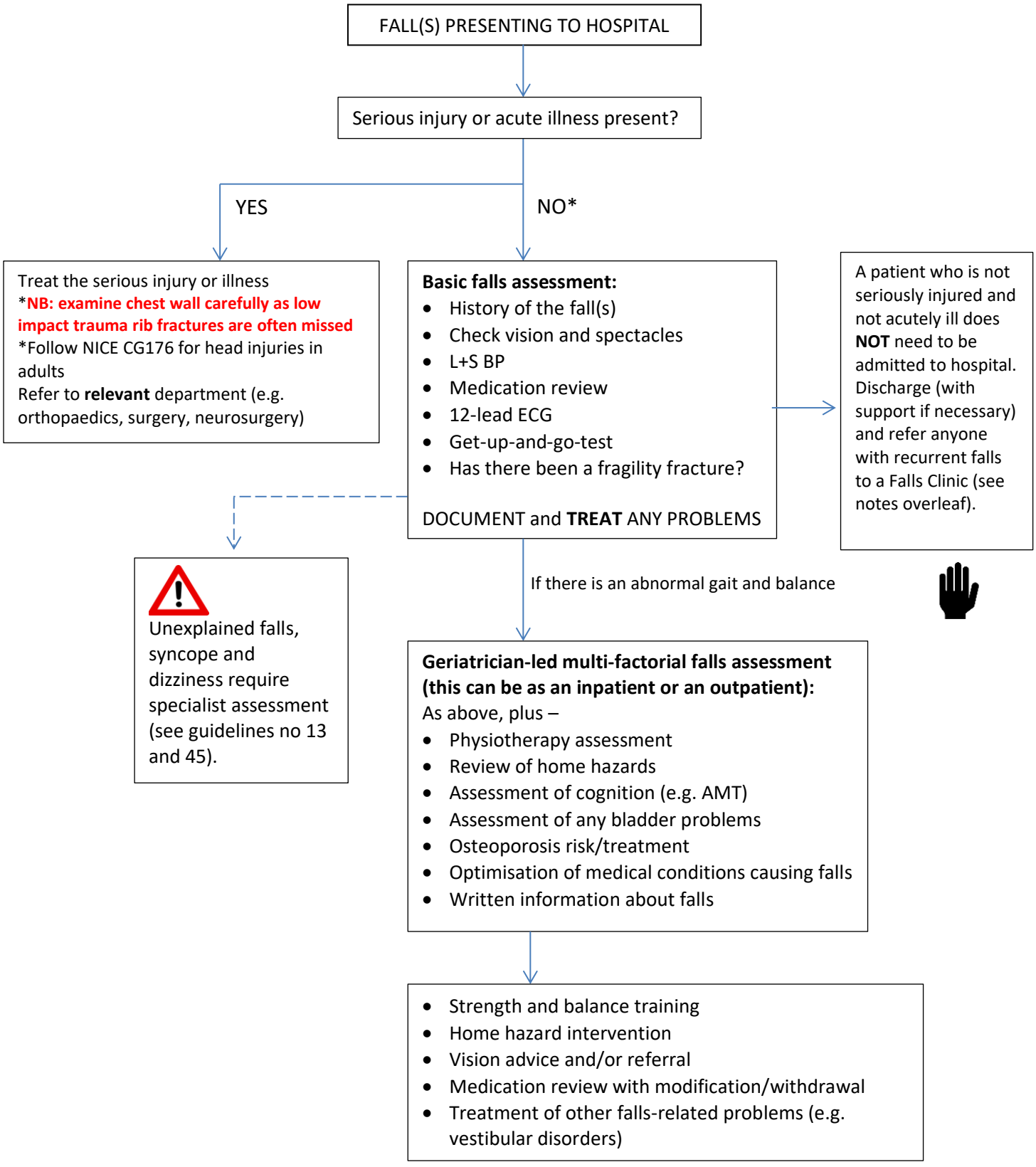
14. Falls in older people

This quick reference guide is based on the NICE Clinical Guideline 161: assessment and prevention of falls in older people (Jul 2013) http://www.nice.org.uk/nicemedia/live/14181/64088/64088.pdf. This guideline does not cover the prevention or management of inpatient falls.

A 'fall' is defined as coming to rest on the ground or a lower surface, but **not** as a result of transient loss of consciousness, a seizure, or a severe blow. Beware of patients 'found lying on the floor' – you don't know how they got there, so do not assume they had an unwitnessed fall.



Falls in older people – notes

1. A fall in an older person can occur because of an acute illness, e.g. infection or acute coronary syndrome. This should be obvious after a history, examination and initial tests. If the fall was the result of an acute illness, treat the illness and do not follow this guideline. Sudden onset of frequent falls is usually a medical problem.

2. Note that bacteriuria can be a normal finding in old age, especially in women. This will manifest as leucocytes and nitrites in the urine. Do **not** diagnose a UTI in an older person on the basis of urinalysis. If there are symptoms and/or signs of a UTI, send a sample to the lab for microscopy and culture and treat empirically only if the person is unwell.

3. **Look for injuries carefully.** Low impact trauma rib fractures can occur in the elderly and are often missed. Carefully examine the chest wall. Use NICE clinical guideline 176 (head injury in adults) to decide whether to do a CT scan of the head: www.nice.org.uk/guidance/cg176 . Most UK Emergency Departments have a policy that all elderly trauma patients are reviewed by an EM Consultant so they have a proper primary and secondary survey for injuries, including whole body CT if indicated.

4. Older people with a serious injury should be admitted to hospital. However, if there is no acute illness and no serious injury then patients do **NOT** need to be admitted to hospital following a fall.

5. A basic falls assessment should be performed by the first doctor or advanced clinical practitioner to see the patient. **Falls in older people are rarely accidents (i.e. they are not 'mechanical')** – they are due to medical problems (e.g. poor vision, abnormal gait and balance, medication, cardiovascular problems etc). The purpose of the basic falls assessment is to identify these problems. In studies, patients attending the Emergency Department because of a fall have an average of five reasons for their fall.

6. In the basic falls assessment, there are 4 important things to do:

    1) Check for poor vision (eg undiagnosed cataracts) and bifocal use. Active older people who wear bifocals or variefocals are more likely to fall and should be advised to wear plain spectacles when walking about.
    2) Check a lying and standing BP and review medication. Modification/withdrawal of drugs that affect blood pressure (mainly cardiovascular and psychoactive medication) can reduce falls.
    3) Check a 12-lead ECG. Many falls are in fact brief syncopal events and retrograde amnesia for loss of consciousness is extremely common. Consider investigations for syncope, especially if the patient's gait and balance is relatively normal.
    4) Check the get-up-and-go test. This means ask the patient to rise from a chair, walk 3 metres, turn around and return to the chair. A normal person will have a normal gait and balance and complete this within 10 seconds. **It is vital that you watch a person who has fallen walk!** (this can be assisted if necessary). If the gait and balance is abnormal, perform further examinations to find out why (e.g. Parkinsonism? peripheral neuropathy? bad arthritis? etc).

7. A fragility fracture occurs when falling from standing height or less. In older people this usually means osteoporosis and this is important to recognise and treat. Look at the X-ray (osteopenia? lytic or other lesions?) and request a bone profile (LFTs, calcium, vit D). In women aged over 75, if the X-ray and bone profile is normal then osteoporosis can be diagnosed without further tests. In other patients, a DEXA scan and/or further tests are required. **Please ensure this information is passed on to the patient's GP with a request to start appropriate treatment, to be started at least two weeks after the acute fracture.**

8. Refer on any patients with 'unexplained falls' (which could be syncope) or dizziness. Refer recurrent fallers and those with an abnormal gait and balance for a geriatrician-led multi-factorial falls assessment which can be as an outpatient.