

MOBILITY-FALL RISK ASSESSMENT & MANAGEMENT

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- ▶ Falls are one of the most common events that threaten independents in older adults
- ▶ 1 in 3 adults > 65 report falling each year
 - ▶ 50% of those >80 years old
 - ▶ More than 60% report prior fall
- ▶ Complication of falls are leading cause of death from injury in those 65 or older

FALLS ARE COMMON IN OLDER ADULTS

- Most falls by older adults result in some injury
- 5%–10% of falls by older adults result in fracture or more serious soft-tissue injury or head trauma
- The death rate attributable to falls increases with age
- Mortality highest in white men aged ≥ 85 : >180 deaths/100,000 population

MORBIDITY AND MORTALITY

- Associated with:
 - Decline in functional status
 - Nursing home placement
 - Increased use of medical services
 - Fear of falling
- Half of those who fall are unable to get up without help ("long lie")
- A "long lie" predicts lasting decline in functional status

SEQUELAE

- ↑ Emergency department visits
- ↑ Hospitalizations
- Indirect costs from fall-related injuries such as hip fractures are substantial

COST

- ▶ Motor planning/processing speed higher level brain functioning
- ▶ Vestibular
- ▶ Vision
- ▶ Peripheral nerve function
- ▶ Skeletal system
- ▶ Muscles strength
- ▶ Cardiovascular system

CAUSES-MULTIFACTORIAL INTRINSIC

- ▶ Medication, medication, medication
- ▶ Shoes
- ▶ Clutter/rugs/thresholds
- ▶ lighting

ENVIRONMENTAL/EXTRINSIC

- Specific classes, for example:
 - Benzodiazepines
 - Other sedatives
 - Antidepressants
 - Antipsychotic drugs
 - Cardiac medications
 - Hypoglycemic agents
 - anticholinergics
- Recent medication dosage adjustments
- Total number of medications

MEDICATIONS

- ▶ HISTORY: Tell me about your fall
- ▶ Examination: Vision, orthostatic BP's, Gait speed, TUG, Berg Balance, progressive rhomberg, strength, vibration sense, tremor, rigidity, bradykinesia
- ▶ Lab B12, Vitamin D, TSH, BMP, CBC
- ▶ Imaging: DEXA, xray/mri rarely needed

EVALUATION

- Most commonly identified interventions to prevent falls in community dwelling elders:
 - Prescribe exercise, particularly balance, strength, and gait training
 - Discontinue or minimize psychoactive and other medications
 - Manage postural hypotension
 - Manage foot problems and footwear
 - Supplement vitamin D
 - Treat vision impairment/change to monocular glasses
 - Manage heart rate and rhythm abnormalities
 - Modify the home environment

TREATMENT