



Reason for Visit: Falls Prevention Plan

# Disclosures

None.

# Objectives

1

Describe the importance of falls & fall prevention

2

Identify patients at risk of a fall in your practice.

3

Describe medications that are high risk for falls.

4

Identify community resources for exercise and falls prevention programs

# What is a fall?

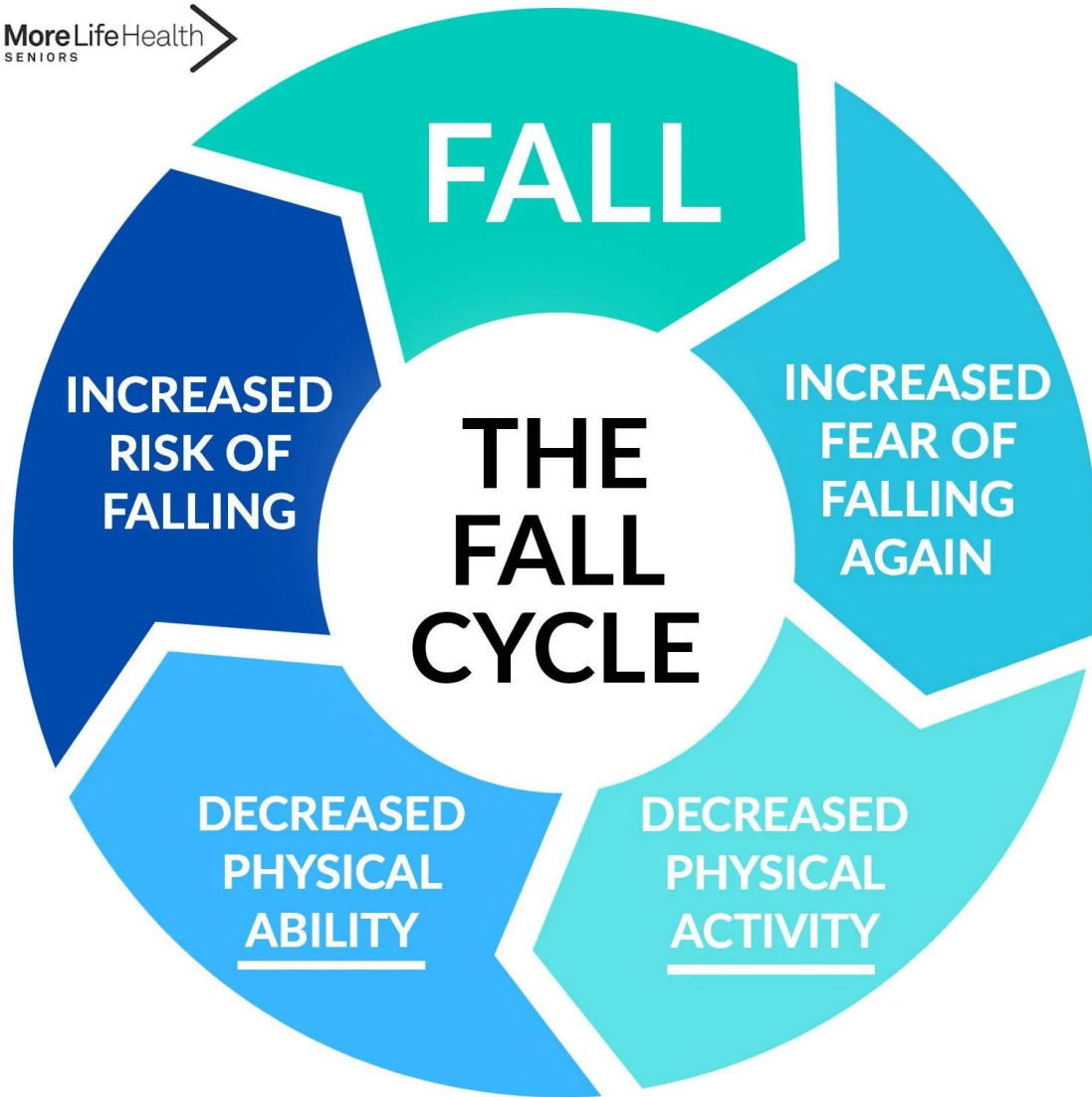
- When you slip, trip, or fall suddenly onto the ground



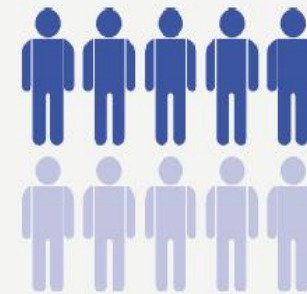
# Why falls are important?



- 1 in 3 adults over age 65 will have a fall each year
- Falls are the leading cause of injury-related hospitalization in adults over age 65
- Falls are not a normal part of aging
- Falls can change your life and limit your independence
- You can take action to prevent a fall



**95%**  
of all hip fractures  
are caused  
by falls

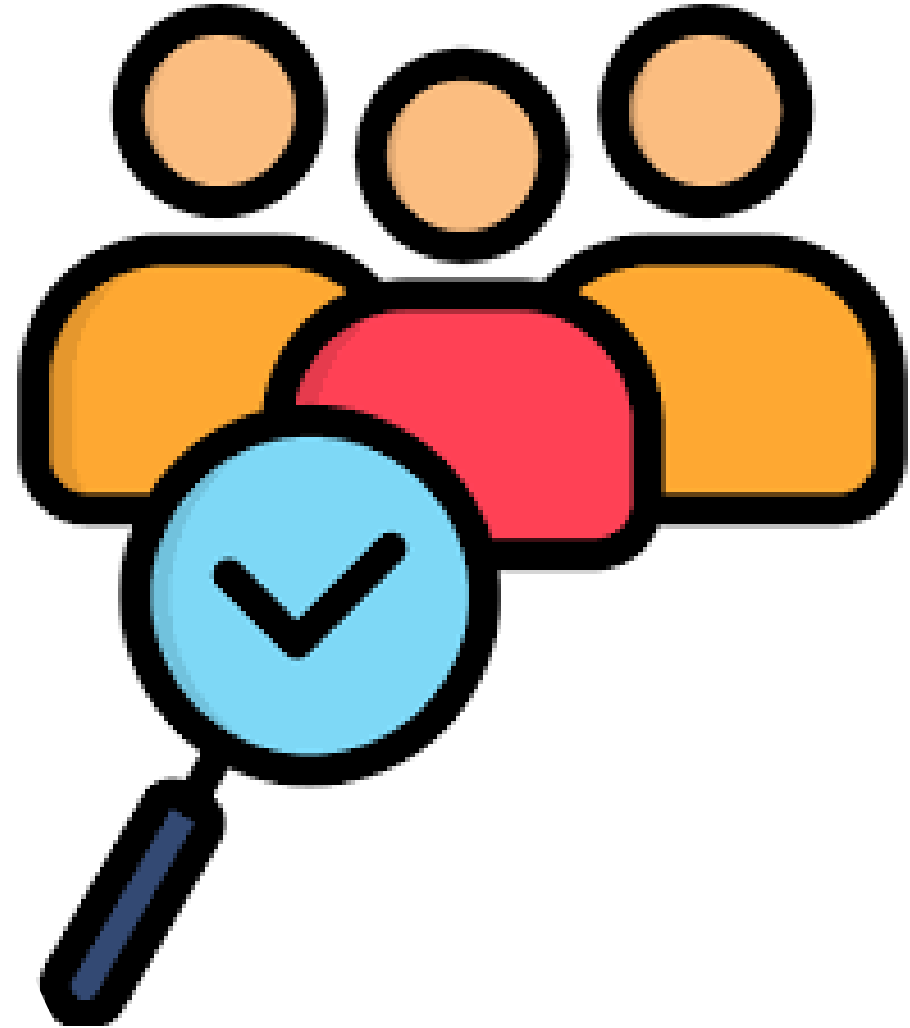


**50%**  
of all falls  
causing  
hospitalization  
happen at home

# Screening for at risk patients

---

- Have you fallen in the past year?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?



# Risk factors for falls: non-modifiable

Cognitive  
impairment

Increasing  
age

Female sex

Frailty

Heart  
disease

History of  
fall

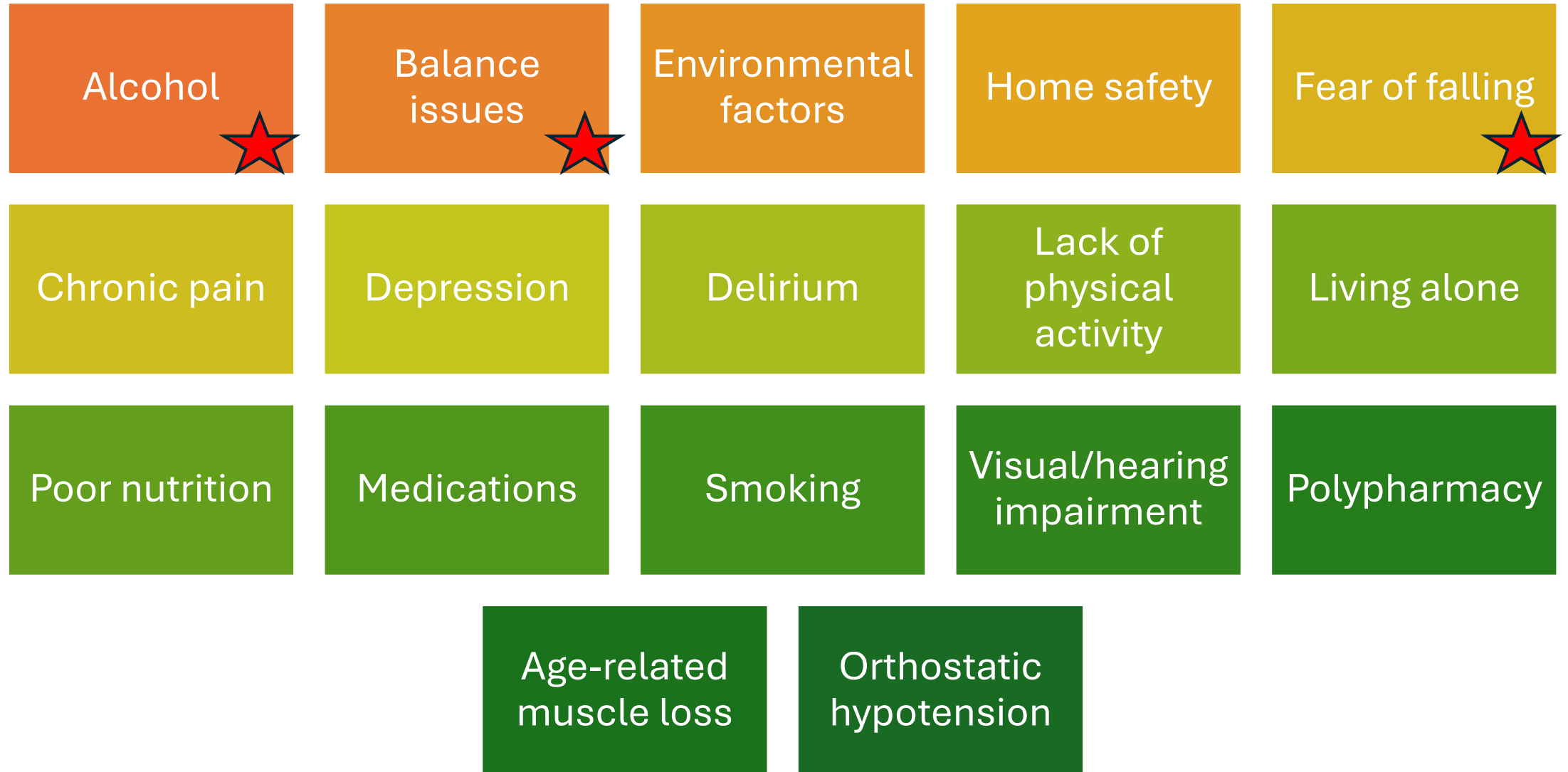
High blood  
pressure

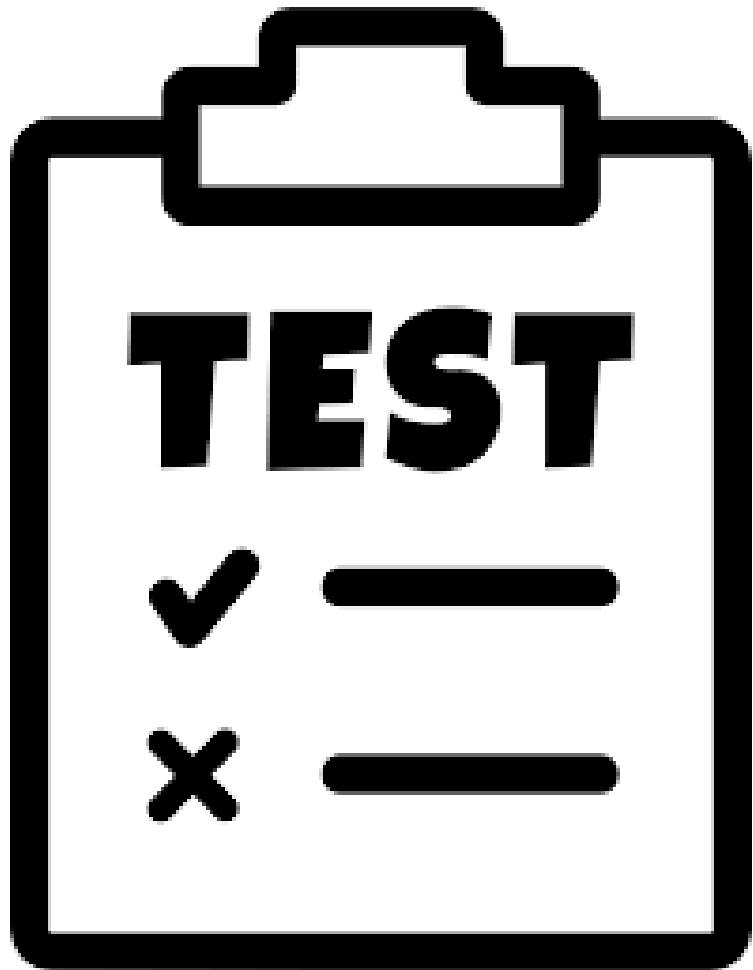
Parkinson's  
disease

Neuropathy

Stroke

# Risk factors for falls: modifiable



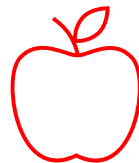


## Office Tests

- Gait Speed Test
- Timed Up and Go (TUG) test

# How To Help Your Patients Reduce Risks of Falls

Days	Weeks	Months
<ul style="list-style-type: none"><li>- Environment</li><li>- Equipment</li><li>- Eyes and Ears</li></ul>	<ul style="list-style-type: none"><li>- OT/PT</li><li>- Nutrition</li><li>- Drug Review</li></ul>	<ul style="list-style-type: none"><li>- Wean medications</li><li>- <b>EXERCISE</b> **</li></ul>



# High risk medication highlights

## Hypnotics and sedatives (Benzodiazepines, Nonbenzo)

- Risk of sedation, confusion

## Opioids

- Risk of sedation, dizziness, hypotension, visual disturbances, and confusion

## Antipsychotics

- Risk of hypotension, anticholinergic effects

## Antidepressants (SSEIs, SNRIs, TCAs)

- Risk of sedation, dizziness, Hypotension, visual disturbances, and confusion



# Community Resources

- North Simcoe Muskoka – Exercise and Falls Prevention Programs
  - Victorian Order of Nurses (VON) SMART Program – call **705-787-1996**
  - NSM Specialized Geriatric Services - call **705-417-2192**
- Mobility Aids or Home Equipment
  - Home Comfort Care Services Inc. Huntsville Branch – call **705-788-3810**
  - IDA Huntsville –call **705-789-7534**
- North Simcoe Muskoka Ontario Health atHome (OHAH)
  - OHIP covered physiotherapy and occupational therapy for home-bound residents
  - Call **310-2222**



# Recent CMAJ article

Practice | Five things to know about ... **CPD**

## Falls in older adults

Benoit Lafleur MD MSc, Manuel Montero-Odasso MD PhD, Shirley Huang MD MSc

■ Cite as: *CMAJ* 2025 March 17;197:E271. doi: 10.1503/cmaj.241702

### 1 Falls are the leading cause of injury-related hospital admissions and deaths among older adults (aged $\geq 65$ yr)

About 30% of older adults report a fall each year, and about 20% experience a fall-related injury.<sup>1,2</sup> Those at greater risk of injury are female, are aged 80 years and older, live alone, or have low income.<sup>1</sup>

### 2 To assess falls risk, clinicians should ask community-dwelling older adults, “Have you had any falls in the last year?”

Falls are often not spontaneously reported.<sup>2</sup> This question has similar sensitivity (39%–68%) and specificity (63%–82%) to other screening tools.<sup>2</sup>

### 3 Patients are categorized as being at low, intermediate, or high risk of falling after screening

Older adults with 1 of the following are deemed high risk (70% risk of  $\geq 1$  falls in the next year): 2 or more falls per year, frailty, a suspected loss of consciousness preceding the fall, an inability to get up independently 1 hour after the fall, or experience of a fall-related injury.<sup>3</sup> People who do not meet this criterion but have a gait speed of 0.8 m/s or less (i.e., walk 4 m in  $> 5$  s) are considered intermediate risk.<sup>3</sup> All others are deemed low risk (30% risk of  $\geq 1$  fall in the next year).<sup>3</sup>

### 4 Education about exercise for preventing falls is recommended for all older adults

Exercises aimed at preventing falls should be professionally supervised, offered 3 or more times per week with increasing intensity for 12 weeks or more, and include balance, strength, and functional exercises.<sup>3</sup> If local programs are not available, alternatives such as tai chi or virtual or home-based physiotherapist-delivered options can be considered. People at intermediate risk can be prescribed tailored exercises (e.g., sit-to-stands, multidirectional stepping).<sup>3</sup> Alternatively, those at low risk can participate in 150 minutes per week of moderate-to-vigorous aerobic physical activity without professional supervision.<sup>3,4</sup>

### 5 Multifactorial assessment and interventions are effective and strongly recommended for older adults at high risk of falls

Many risk-reduction interventions exist, with strongest evidence for exercise, appropriate deprescribing of fall-risk-increasing drugs, orthostatic hypotension and syncope management, and home-environment modifications.<sup>3</sup> We suggest referral to a specialist in geriatric medicine, when available.

### References

1. *Surveillance report on falls among older adults in Canada*. Ottawa: Public Health Agency of Canada; 2022:1-42. Available: <https://www.canada.ca/en/public-health/services/publications/healthy-living/surveillance-report-falls-older-adults-canada.html> (accessed 2024 Aug. 13).
2. Meekes WM, Korevaar JC, Leemrijse CJ, et al. Practical and validated tool to assess falls risk in the primary care setting: a systematic review. *BMJ Open* 2021;11:e045431. doi:10.1136/bmjopen-2020-045431.
3. Montero-Odasso M, van der Velde N, Martin FC, et al. Task Force on Global Guidelines for Falls in Older Adults. World guidelines for falls prevention and management for older adults: a global initiative. *Age Ageing* 2022;51:afac205. doi:10.1093/ageing/afac205.
4. Canadian 24-hour movement guidelines for adults 65 years or older: an integration of physical activity, sedentary behaviour, and sleep. Ottawa: Canadian Society of Exercise Physiology (CSEP); 2021. Available: <https://csep.org/guidelines/ca/guidelines/adults-65/> (accessed 2025 Feb. 4).

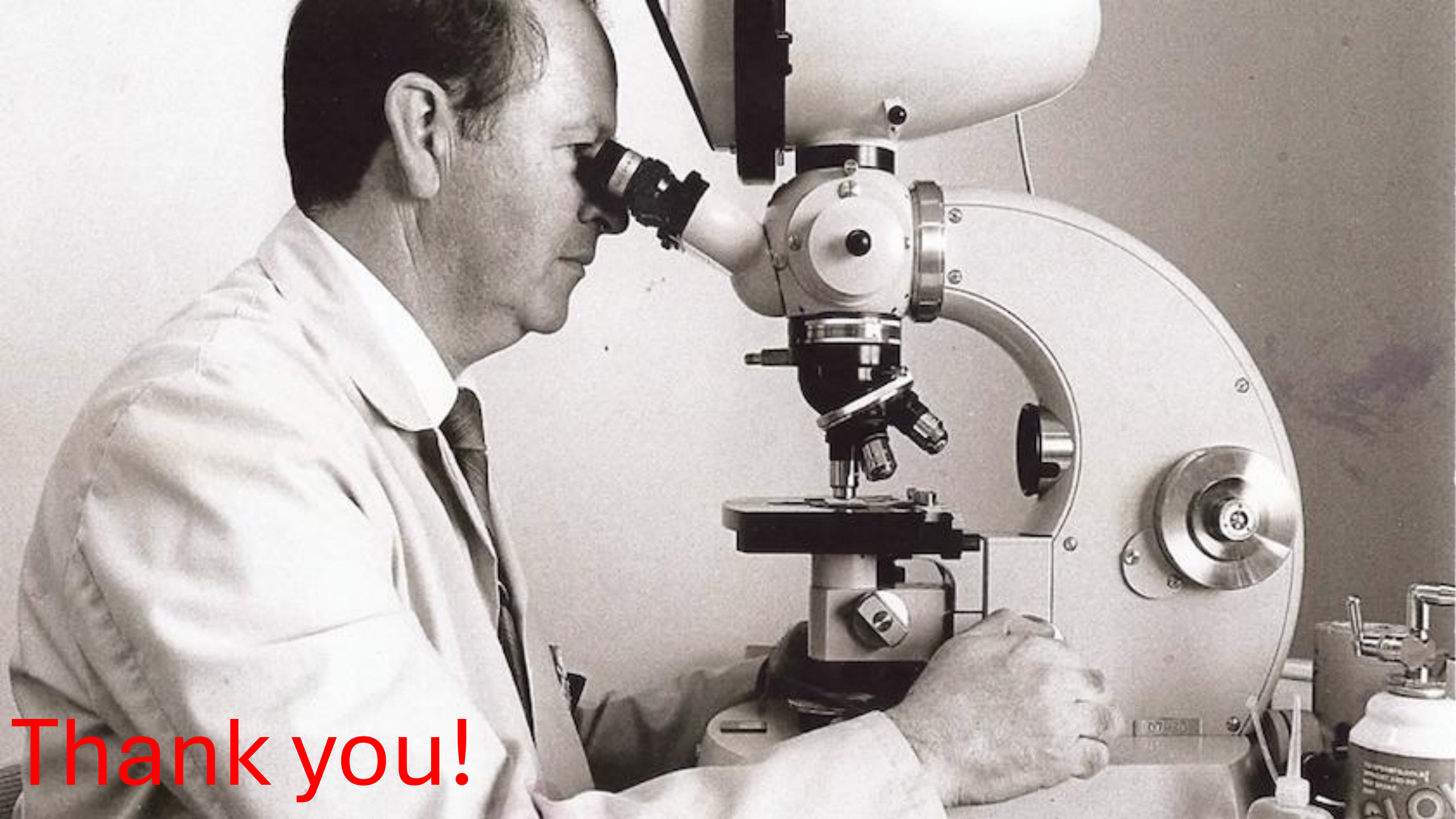
**Competing interests:** Manuel Montero-Odasso is president of the Canadian Geriatrics Society and chair of the World Falls Guidelines Initiative. No other competing interests were declared.

This article has been peer reviewed.

**Affiliations:** Division of Geriatric Medicine (Lafleur), Faculty of Medicine, University of Ottawa, Ottawa, Ont.; Division of Geriatrics (Montero-Odasso), Department of Medicine, Western University, London, Ont.; Division of Geriatric Medicine (Huang), University of Ottawa Faculty of Medicine, Ottawa Hospital Civic Campus, Ottawa, Ont.

**Content licence:** This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**Correspondence to:** Benoit Lafleur, [belafleur@toh.ca](mailto:belafleur@toh.ca)



Thank you!