Grannies - Falls prevention

Assisting the elderly in falls prevention is important for two main reasons: firstly, falls are more likely to occur in the elderly than in younger patients, and secondly, more serious injuries are sustained in the elderly than in younger patients. 30% of people over the age of 65 will experience at least 1 fall per year, 5% of the falls resulting in a fracture or hospitalisation.

Two types of fractures that occur commonly in the elderly due to a fall include wrist and femur fractures. Various risk factors in the elderly increase the likelihood of not merely falling, but also of sustaining a serious injury. Risk factors include osteoporosis, dementia, motor and sensory problems as well as factors such as stiff joints and side effects due to various medications (e.g. benzodiazepines, antidepressants, antipsychotics, anticonvulsants, blood pressure lowering drugs).

Falls may be prevented by evaluating the environment in which the individual lives. Loose rugs and mats should not be placed on slippery floors, electrical cables should be out of the way and wet surfaces should be prevented, especially in the bathroom. Stairs should be avoided and railings mounted to walls, where possible.

Often falls occur due to muscle weakness, limited joint movement and lack of balance. These patients should be encouraged to exercise as much as possible to strengthen muscles and improve sense of balance.

Various disease conditions could also contribute to motor and sensory impairment, e.g. Parkinson’s disease, minor strokes, depression and neuropathy due to diabetes and deteriorating eyesight. The underlying condition should be treated, adding the help of a physiotherapist or occupational therapist if needed, as well as vision assessment and referral to optometrist or specialist if required.

Due to the fact that a serious fall can be devastating to the individual and are also expensive to manage, all possible steps should be implemented to prevent the falls from occurring.