

Falls and Mobility Disorders *in older adults*

Falls are among the most common and serious health problems facing older Americans, causing considerable mortality, morbidity, and immobility.¹ About three-fourths of deaths due to falls occur in the 13 percent of the population aged 65 years and older.¹ Accidents are the fifth leading cause of death among older adults and falls account for two-thirds.¹ Approximately one-third of community-dwelling elders fall each year, with 5 percent of falls resulting in fractures or hospitalization.¹ These rates are three times as high for elders residing in nursing homes and hospitals.¹ Thus, the concern is not merely the high incidence of falls, but also the high susceptibility to injury among elders who fall.^{1,2} Falls are strong indicators of accelerating frailty,² are the largest single cause of restricted activity days among older adults,³ and have wide ranging effects on the quality of life.^{1,2} Studies have shown falls and instability to be precipitating causes of nursing home admissions.¹

Falls and mobility problems are generally the result of multiple, diverse, and interacting etiologies. Unfortunately, many patients and doctors ignore falls if no injury has occurred, thereby missing important opportunities for potentially life-saving evaluation and treatment. A review of the recent literature reveals the following important findings:

Studies have shown that among persons living in institutions, specific risk factors exist that significantly increase the likelihood of falling: leg weakness; gait and balance problems; impairment of daily living activities; impaired vision; impaired memory; taking multiple medications daily; taking certain classes of medications, including sedatives, some antihypertensives, and diuretics.¹ Several studies have shown that the risk of falling increases dramatically as the number of risk factors increases. In one study, the predicted 1 year risk for falling ranged from 12 percent for persons with none of three risk factors (hip strength, balance, number of medications taken) to 100 percent for persons with all three risk factors.^{1,4}

Older adults with lower extremity weakness have about a six-fold increase in fall risks, and persons with impaired gait or balance have a four- and five-fold increase, respectively.¹ Detectable gait abnormalities affect 20–50 percent of people over age 65.⁵

For patients who have suffered a fall, it has been shown that a systematic evaluation to identify the underlying cause of the fall, treatable risk factors, and a treatment plan can help discern treatable conditions, reduce or prevent recurrent falls, and improve general health outcomes.^{1,6,7}

Programs to increase regular exercise and physical activity improve strength and balance, and have been shown to reduce the frequency of falls by 9–35 percent.^{8–10}

A convincing chain of indirect evidence supports the practice of regular inquiry into recent falls. This relatively low-cost methodology, in combination with an assessment of environmental risks, may help maintain an elderly patient's capacity for independent living.¹

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References

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