# IDENTIFYING
# FALL RISK FACTORS

## Did you know?

- Approximately 10 hospital admissions occur each day in Nova Scotia due to fall-related injuries in older adults.
- Women are two times more likely to be admitted to hospital due to a fall.
- The average length of stay in hospital due to a fall is 23 days.

As a primary healthcare provider, you are already aware that falls are a serious threat to the health and well-being of older adults.

The more risk factors a person has, the greater their chances of falling. Healthcare providers can help lower an older adults' risk of injury by addressing the fall risk factors that have been identified during the medical examination.

## Risk factors known to be associated with falls include:

**Biological** ⟷ **Behavioral** ⟷ **Social & Economic** ⟷ **Environmental**

**Biological**

- Impaired mobility
- Balance deficit
- Gait deficit
- Muscle weakness
- Advanced age
- Chronic illness / disability:
  - Cognitive impairment
  - Stroke
  - Parkinson's disease
  - Diabetes
  - Arthritis
  - Heart disease
  - Incontinence
  - Foot disorders
- Visual impairment
- Acute illness

**Behavioral**

- History of falls
- Fear of falling
- Multiple medications
- Use of:
  - Anti psychotics
  - Sedative/hypnotics
  - Antidepressants
- Excessive alcohol
- Risk-taking behaviours
- Lack of exercise
- Inappropriate footwear/clothing
- Inappropriate assistive devices use
- Poor nutrition or hydration
- Lack of sleep

**Social & Economic**

- Low income
- Lower level of education
- Illiteracy / language barriers
- Poor living conditions
- Living alone
- Lack of support networks
- Lack of social interactions
- Lack of transportation

**Environmental**

- Poor building design and/or maintenance
- Inadequate building codes
- Stairs
- Home hazards
- Lack of:
  - Handrails
  - Curb ramps
  - Rest areas
  - Grab bars
- Poor lighting or sharp contrasts
- Slippery or uneven surfaces
- Obstacles and other tripping hazards

Table adapted from: Scott V., Dukeshire S., Gallagher E., Scanian A. (2001). A Best Practice Guide for Prevention of Falls Among Seniors Living in the Community.

We encourage you to adopt a coordinated approach to implementing best clinical practice guidelines for fall prevention. The Algorithm for Fall Risk Screening, Assessment and Intervention located on the other side of this page, outlines the recommended process to address fall risk factors of concern with an older patient. This tool will be updated on an ongoing basis as new research, best practice and resources are available.

Keep in mind that your clinical judgement should also take into account the older adults ability or readiness to address their risk factors, their preferences and the availability of family support during the development of an individualized care plan.

# ALGORITHM FOR
# FALL RISK SCREENING AND INTERVENTION

## OPPORTUNISTIC SCREENING (all patients ≥ 65y)

| | | |
|---|---|---|
| Have you had any falls in the past year? | YES | NO |
| Do you feel unsteady when standing or walking? | YES | NO |
| Are you worried about falling? | YES | NO |
| Score ≥ 4 on the Staying Independent Checklist? (optional) | YES | NO |

NO TO ALL

## Patient at LOW RISK for falls

- Provide education on falls prevention (visit FindingBalanceNS.ca for fall prevention resources)
- Encourage uptake and adherence to the Canadian 24-Hour Movement Guidelines for Adults 65 years and older
- Reassess at least once yearly

YES TO ANY

NO

## FALL SEVERITY SCREENING

| | | |
|---|---|---|
| Injury requiring medical treatment? | YES | NO |
| Recurrent falls (≥2 in the previous 12 months)? | YES | NO |
| Does the patient seem frail? | YES | NO |
| Lying on the floor/unable to get up (≥1 hour)? | YES | NO |
| Loss of consciousness/suspected syncope? | YES | NO |

NO TO ALL

## MOBILITY SCREENING

Is the gait speed noticeably slow? YES NO

* Can also be formally assessed as Gait Speed ≤ 0.8 m/s or TUG > 15s (see Mobility Screening Guidelines)

YES

## Patient at INTERMEDIATE RISK for falls

- Provide education on falls prevention (visit FindingBalanceNS.ca for fall prevention resources for Older Adults)
- Refer to individual or group exercise-based fall prevention program if available (e.g. Zoomers on the Go)
- Reassess at least once yearly

YES TO ANY

## Patient at HIGH RISK for falls

- Optimize the management of underlying acute and chronic medical issues. Complete a physical exam and routine labs (including B12, Vit D and TSH levels)
- Complete a medication review to deprescribe fall-risk-increasing drugs. Consider a referral to a pharmacist
- Check for orthostatic hypotension with lying and standing BP, and manage if present (systolic drop ≥ 20 mm Hg or diastolic drop ≥ 10 mm Hg)
- Assess and manage concerns about falling with validated tool (e.g. Staying Confident Checklist). Consider a referral for occupational therapy and/or cognitive behavioural therapy
- Refer to an optometrist to assess and optimize vision
- Screen for osteoporosis and treat if present
- Refer for OT home safety assessment and modifications (e.g., EMP, outpatient or private)
- Provide education on falls prevention (visit FindingBalanceNS.ca for fall prevention resources for Older Adults)
- Refer to PT for gait aid assessment, and optimization of strength/balance (e.g., EMP, outpatient or private)
- Plan follow-up within 3 months to review the individualized care plan

Based on the World guidelines for falls prevention and management for older adults: a global initiative, Age and Ageing, 2022 Sep 2;51(9):afac205 and the Summary of the updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons. J Am Geriatr Soc. 2011; 59 (1): 148-157.

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