

## 7<sup>th</sup> ADVANCED POSTGRADUATE COURSE

### Programme of the 4<sup>th</sup> Training Session

Students' state of the art lectures on MONDAY, June 23, 2008

## **Assessment of falls**

**Dr Paillaud Elena**

**Hôpital Albert Chenevier,  
Département de médecine interne et gériatrie, 94010, Créteil.  
elena.paillaud@ach.aphp.fr or elena.paillaud@free.fr**

### **Abstract :**

**Between 30 and 40% of people aged 65 or older living in the community fall each year, many fall more than once, and the risk of falling increases with age. Falls are associated with increased morbidity, mortality and nursing home placement. Approximately 1 in 10 falls results in serious injury such hip fracture or head injury. Recovery from falls often is complicated by functional decline, fear of falling and social isolation. The majority of falls have multiple causes and the risk increases as the number of risk factors increases. Predisposing factors for falls include: age >80 years, a history of fall, use of four or more prescription medications, use of assistive device, arthritis, depression, impairment in cognition, vision, balance, gait or muscle strength. Physicians caring for older patients must integrate fall assessment into annual history and physical examination. They should ask about any falls during the past year in people of 75 years or older or over 70 if they have known to be at increased risk of falling. A complete evaluation must be performed on patients who report falls or have gait and balance abnormalities. Several tests have been developed for assessing mobility in older people, some of which are predictors of falls. Theses tests such as the “Timed Up and Go” test can be used to target persons at risk. Assessment includes evaluating the circumstances of the fall and a medical history looking for medication use (antipsychotic agents, benzodiazepines), acute and chronic medical problems (Parkinson disease, dementia, stroke). Physical examination detects postural hypotension, arrhythmia, visual problems, gait and balance abnormalities and impaired joint function. A neurologic examination looking for focal deficits, impaired proprioception and cognition, decreased**

**muscle strength is necessary. This multifactorial evaluation followed by targeted intervention for identified risk factors is the most effective strategy for fall prevention.**

**Short bibliography :**

**- Rubenstein LZ, Josephson KR, Robbins AS. Falls in the nursing home. Ann Intern Med. 1994 Sep 15;121(6):442-51. Review.**

**- Cesari M, Landi F, Torre S, Onder G, Lattanzio F, Bernabei R. Prevalence and risk factors for falls in an older community-dwelling population. J Gerontol A Biol Sci Med Sci. 2002 Nov;57(11):M722-6.**

**- Tinetti ME. Clinical practice. Preventing falls in elderly persons. N Engl J Med. 2003 Jan 2;348(1):42-9. Review.**

**- Close et al., 1999 J. Close, M. Ellis, R. Hooper, E. Glucksman, S. Jackson and C. Swift, Prevention of falls in the elderly trial (PROFET): a randomized controlled trial, Lancet 353 (1999), pp. 93–97.**

**- [No authors listed]. Guideline for the prevention of falls in older persons. American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention. J Am Geriatr Soc. 2001 May;49(5):664-72.**

**- Landi F, Onder G, Cesari M, Barillaro C, Russo A, Bernabei R; Silver Network Home Care Study Group. Psychotropic medications and risk for falls among community-dwelling frail older people: an observational study. J Gerontol A Biol Sci Med Sci. 2005 May;60(5):622-6.**