OLDER ADULT FALLS

DESCRIPTION:
All unintentional fall-related deaths and hospitalizations in adults 65 years old and older.

Washington State Goal Statement
To reduce deaths and hospitalizations caused by falls among older adults

National Healthy People 2020 Objectives
Prevent an increase in unintentional fall-related deaths among those 65 years and older from 45 deaths per 100,000 in 2007.

Statement of the Problem in Washington State
In 2010, falls were the leading cause of injury-related hospitalizations in Washington State, with more than 20,000 hospitalizations. Falls were the third leading cause of injury-related deaths, with 823 deaths. Adults age 65 or older had over two thirds of the hospitalized falls (13,856 hospitalizations) and 83 percent (685) of fall-related deaths.

Washington State Data
Falls are a major health problem among older adults. Fall-related injuries cause significant death, disability, loss of independence and early admission to nursing homes.\(^1\) Falls among older adults are the leading cause of injury hospitalizations in Washington State. In Washington State from 1999–2010, the fall hospitalization rate among older adults has been stable. However, because of the population growth among older adults, the number of hospitalizations increased by 23 percent from 1999–2010. In 2012, there are 888,861 residents age 65 or older. That number is projected to reach 1.2 million by 2020.\(^2\)
Falling is associated with subsequent admission to a nursing home. Among Washington State seniors who were hospitalized for a fall in 2008, 22 percent were released to their home under self-care and about 53 percent were moved to skilled nursing facilities or intermediate care facilities for additional care.

Many nursing home placements are temporary, with the patient returning home after two or three months of rehabilitation. However, falls remain a strong predictor of long-term placement in a nursing home.3

Age and Gender
From 2008–2010, women had the highest fall hospitalization rates. Fall hospitalization rates increased with age.

The high rate of fall-related injury in elderly persons is due to a high prevalence of clinical diseases like osteoporosis, and age-related physiologic changes such as slowed reflexes. These make even a mild fall particularly dangerous.4 Potential age-related risk factors for falls include:

- Decreased muscle strength and mass
- Chronic diseases
- Impairment of gait and balance
- Impaired visual acuity and depth perception
- Impaired mental status

Race and Ethnicity
From 2007–2009, fall deaths in Washington State are highest among whites. American Indians and Alaska Natives, African Americans, and Pacific Islanders had fewer than 20 fall deaths. The chart does not include these groups.

Prevalence of Falls Among Older Adults
In Washington State, one in five older adults report having fallen in the previous three months. About 30 percent of those falls resulted in an injury severe enough to cause the person to limit their activities for at least a day or visit a doctor.

Costs Associated with Falls
The costs of healthcare associated with treating fall-related injuries and fractures are staggering. In 2000, the national lifetime medical costs for treatment of falls were estimated at $19 billion.5 Hospitalizations accounted for the majority of the costs of nonfatal fall injuries.6 On average, the hospitalization cost for a fall injury among an older adult is $17,500.7

Risk Factors for Falls
The major risk factors for falling are diverse, and many of them can be addressed. Reviews of risk factors among older adults found the following to be strongly associated with fall risk:

- A history of previous falls
- Vertigo
- Gait deficit
- Use of walking aids
- Use of antiepileptic medications
- Cognitive impairment8
- Use of sedative, hypnotic, antidepressants, or benzodiazepine medications9
The risk of falling increases with the number of risk factors present. Osteoporosis, while not a risk factor for falling, increases the likelihood of a fracture in the event of a fall.

Environmental risk factors include fall hazards in and around the home. These include tripping hazards such as:

- Throw rugs and clutter in walkways
- Lack of stair railings and grab bars

For persons aged 65 years or older:

- 60 percent of fatal falls occur in the home.
- 30 percent of fatal falls occur in public places.
- 10 percent of fatal falls occur in healthcare institutions.

Recommended Strategies

There are some evidence-based strategies for reducing falls among older adults and a few promising strategies. To be effective, most of these have to be done together.

Evidence-Based Strategies

Increase the availability of low cost, accessible exercise programs tailored for older adults

To effectively decrease falls, exercise interventions need to include at least two of the following: strength, balance, flexibility, or endurance. Exercising in supervised groups, participating in Tai Chi, and carrying out individually prescribed exercise programs at home are all effective in reducing falls.

Increase multi-factorial fall risk assessment and management programs that include tailored follow-up interventions for older adults at high risk for falls

Multi-factorial interventions identify a person's risk of falling, and then refer them for treatment to reduce their risk.

Promising or Experimental Strategies

Increase awareness of fall risk

Provide education to older adults on risk factors and fall prevention strategies, in combination with exercise programs and assessments.

Conduct professional education on fall risk factor assessment and interventions for physicians and other healthcare providers. These should include nurse practitioners, physician assistants, and allied healthcare professionals.

At the community level, falls prevention programs should be promoted. Essential components include:

- Conduct programs for people who are at especially high risk of falling.
- Conduct programs for older adults at lower risk, to keep them active, independent, and in the low-risk, falls-free category.

Generally, these interventions have included:

- Risk assessment
- Tailored exercise
- Physical therapy to improve gait, balance, and strength
- Medication review and modification
- Education about fall risk factors
- Referrals to healthcare providers for treatment of chronic conditions that may contribute to fall risk
- Having vision assessed and corrected
For More Information

Falls Among Older Adults
Washington State
Falls Among Older Adults: Strategies for Prevention. Washington State Department of Health
www.doh.wa.gov/Portals/1/Documents/2900/FallsAmongOlderAdults.pdf

The Health of Washington State. Falls Among Older Adults Chapter
www.doh.wa.gov/HWS


Endnotes


