

How Much Do You Know About Falls Risks?



Falls Don't Just Happen...

The number of elderly people attending casualty departments following a repeat fall could be drastically cut if more thorough **Assessments** were carried out, a study has found.

Eight per cent of people aged 70 and over are estimated to visit accident and emergency departments each year suffering fall-related injuries. Of these, 30-40% are admitted to hospital. Prolonged hospital stays can cause **Muscle Loss**.

More falls occur in the winter owing to weather conditions. Such falls can cause severe physical and psychological damage, leading to loss of independence or even death.

Research published in The Lancet medical journal suggests that the number of repeat falls could be cut by more than 50% under a new system.

The system tries to identify the reason why the patient fell and correct the cause rather than just treating the resultant injury.

Falls can be caused by many simple factors such as poor **Lighting** within a persons home. A recent study in an Essex care home found that most falls occurred at night whilst a person may be trying to find their way to the toilet and misusing their assistive **Equipment** due to rushing.

Repeat falls can result in hospitalisation. They split patients over the age of 65 who attended after a fall into two groups. One was given standard treatment, the other was given an assessment by a geriatrician followed by a home visit.

Doctors have said of the second group: "We focused very much on **Visual Awareness**, balance, cognition - whether they were confused or had an element of dementia - and **Medication**."

A usual visit to A&E would consist of being bandaged up and sent home to the

Environment where the fall took place without anyone finding out why the fall occurred in the first place.

At the end of a one-year follow-up period **Evidence** suggests there was a greater than 61% reduction in the number of falls in the assessed group.

Doctors have said there was an added benefit to the process. "Not only were they less likely to fall. They were physically in better shape at the end of that period due to **Exercise**."

"They were more independent and that normally translates into better quality of life." The cost of a fall is also high to the health service.

The assessed group were more likely to maintain independence. Doctors have said that the assessment method led to cost-effective solutions.

They said: "We were picking up people whose vision was impaired and all they had to do was visit the optician."

"We picked up a lot of people who aren't able to get to the opticians in the first place, so we brought the optician into the day hospital." In other cases a chiropodist was called in or suitable **Footwear** found.

The system has been adopted at King's College Hospital A&E, where patients are referred to a clinic, and Doctors hope other centres will introduce it.

A spokesperson for Age Concern said: "Prevention is always better than cure - better for the patient and more cost effective in the long run."

"As well as causing physical damage, a fall can dent an older person's confidence about going out and so contribute to feelings of loneliness and isolation, especially in the winter when paths may be icy."

"Thorough assessments and treatment of older people who have had a fall will improve their wellbeing and quality of life, as well as their health including advising on their **Nutritional & Hydration** needs."

Download the StopFalls Resources Today!

Available to download from the StopFalls website and on your mobile which includes an Interactive FRAT Assessment



Request printed copies from HCPA or find out more at:

www.hcpastopfalls.info | 01707 536020 | stopfalls@hcpa.info

