

Managing Falls In the Community

Brief summary of presentations at
NARI workshop September 2011

Overview of Risk factors & interventions that work in the community

- 2.5 more falls related hospitalisations compared with traffic accidents
- 6 days hospital stay length – falls
- 4.5 days traffic accidents
- Of all intrinsic factors related to falls, **Health Problems** the most significant (ageing is a minor factor)

Identifying who is at risk of falls

- Previous falls –need to encourage clients to inform GP (only 1/3 older fallers report falls to a health professional)
- Number of risk factors corresponds with likelihood of falling (people with 4 + risk factors have 75% chance of falling in 12 month period)
- minimising number of risk factors, reduces likelihood of falls

Falls Risk Screening

- FROP –com (Falls Risk for Older People – Community Version) – grades risk, 20 mins duration
- FROP-com Screen – 3 questions: Falls History, ADL status, Balance

What works in falls prevention in community setting

Evidence of single interventions which can reduce falls/injuries:

- Exercise- (home based, tai chi, group ex.)
- Cataract extraction
- Psychotropic medication withdrawal/medication r/v
- Home visits by OTs
- Improved post hospital d/c f/up

What works in falls prevention in community setting

- Approaches to support client uptake in recommended interventions
- Vitamin D & calcium supplementation
- Cardiac pacemaker for carotid sinus hypersensitivity

NEW COCHRANE REVIEW: Gillespie et al, 2009

Further information

- [http://www.health.vic.gov.au/agedcare.](http://www.health.vic.gov.au/agedcare)