

Assessment and Management of Fall Risk in Primary Care Settings



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KEYWORDS

- Accidental falls • Aged • Wounds and injuries • Primary prevention
- Secondary prevention • Risk assessment and management
- Preventive health services/organization and administration
- Community health services

KEY POINTS

- Falls are common and have adverse consequences, but are often preventable.
- Current guidelines specify that primary care providers should screen older adults for falls and risk for falling at least once a year by asking about falls and unsteadiness when walking.
- Multifactorial interventions that address many predisposing factors are appropriate for people at high risk and can decrease falls by approximately 25%.
- Three key risk factors (balance, medications, and home safety) should be addressed in everyone at high risk.
- Primary care providers should refer patients to clinical and community resources to address modifiable risk factors.

INTRODUCTION

Falls: Definition and Magnitude of the Problem

Falls occur more often with advancing age. Each year, approximately 30% to 40% of people aged 65 years and older who live in the community fall.¹ Roughly half of all falls

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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result in an injury,² of which 10% are serious,³ and injury rates increase with age.⁴ The direct medical costs for falls total nearly \$30 billion annually.⁵

Falls in the outpatient setting are usually defined as “coming to rest unintentionally on the ground or lower level, not due to an acute overwhelming event”⁶ (eg, stroke, seizure, loss of consciousness) or external event to which any person would be susceptible.

Falls are a major threat to older adults’ quality of life, often causing a decline in self-care ability and participation in physical and social activities. Fear of falling, which develops in 20% to 39% of people who fall, can lead to further limiting activity, independent of injury.⁷

Fall Risk Factors

Fall risk factors increase the likelihood that a person will fall. These risk factors can be categorized as extrinsic (external to the individual) and intrinsic (within-person) (Fig. 1). Intrinsic factors include several age-related physiologic changes, as summarized in Table 1.

Many falls result from interactions among multiple risk factors, and the risk of falling increases linearly with the number of risk factors.¹ However, even among community-dwelling people aged 75 years and older without risk factors, approximately 10% fall during any given year.¹ Therefore, all older adults should be recognized as being at some increased risk for falling.

Falls from Older Adults’ Perspective

Older adults frequently think that falls are inevitable with aging⁸ but underestimate their personal risk of falling.⁹ Environmental and behavioral factors (eg, rushing, being distracted) are most often seen as causing falls; intrinsic (personal/health) factors are rarely recognized. Thus, primary care providers (PCPs) have a crucial role in helping patients understand the importance of intrinsic factors in causing falls.

Few older adults use proven fall prevention strategies such as balance exercises.¹⁰ When asked what they are doing to prevent future falls, people commonly report being more careful.¹¹ However, there is no evidence that being more careful alone prevents falls.

Less than half of older adults who fall talk with their health care providers about it.¹² Therefore, guidelines specify that providers should ask all their patients aged 65 years

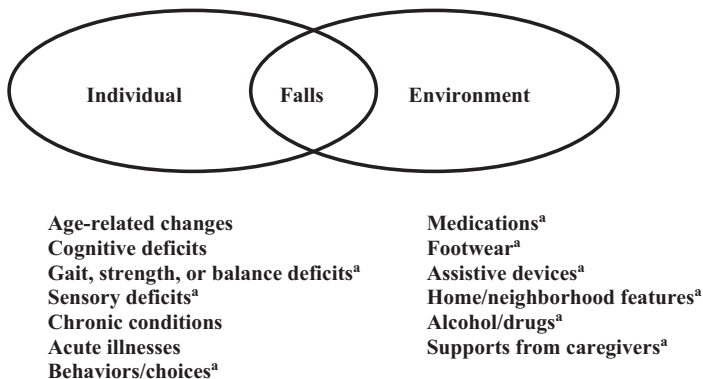


Fig. 1. Falls result from an interaction between factors in the individual (intrinsic) and the environment (extrinsic). ^a Factors that may be modifiable with intervention.

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