

Wellbeing for Life Reducing the Risk of Falls



Learning Outcomes

- To give an introduction to falls and understand why falls happen.
- To support someone to reduce the risk of falls in a home and work environment.
- To provide advice for Health Professionals and support staff on good practice around falls and medication.
- To understand how you can support a person after a fall.
- To be aware of best practice in prevention of falls and raise awareness on the role of “Falls Prevention Clinics.”



Introduction to Falls

- Falls are more common in older people. 30% of people over 65 years old and 50% of people over 80 years old fall at least once a year.
- Most falls do not result in serious injury, but some do. In the UK, falls are the most common cause of injury related deaths in people over the age of 75.
- Falls have a major impact on the person's health and wellbeing. They may need to be admitted to hospital; they may no longer be able to live independently; or it could lead to long term disability.
- Even if the person is not injured, they may have a fear of falling which can lead to reducing their activities, becoming less active and isolated.
- While people of all ages fall, older people are likely to have more serious injuries and to fall repeatedly.

Falls and Learning Disability

- Lots of literature and advice available discusses older people and falls, but there is good evidence that falls are more common in people with learning disabilities throughout their lives, not only as they age.
- **Did you know?** There's a good article summarising the evidence in the current issue of the Tizard Learning Disability Review (Janet Finlayson) and a great resource pack from the same author and colleagues (downloadable here: hub.careinspectorate.com/media/291646/injury-and-fall-prevention-for-people-with-learning-disabilities-resource-guide.pdf)

The resource above details:

- People with learning disabilities of all ages are twice as likely to experience injury
- People with a learning disability are between 6-8 times more likely to die as a result of their injury.
- Falls are the commonest cause of (fatal and non-fatal) injury reported.





Why do Falls Happen?

There are many reasons why falls are more likely to happen as people get older:

- Muscles weaken as people get older, sometimes due to lack of exercise or a health condition such as a stroke.
- Long-term health conditions, for example dementia, low blood pressure or heart disease can lead to dizziness and falls.
- General deterioration with their mobility as the person ages.
- Arthritis and problems with hip or knee joints can cause difficulty with walking and balance.
- Taking more medicine and the side effects of some medicine can affect balance. Medications for mood or sleeping (antidepressants / Sleeping meds / antipsychotics) are particularly known to increase the risk of falls.
- Hearing difficulties can cause problems with balance. Going for regular hearing checks could prevent this becoming a problem.



Why do Falls Happen?

- Eyesight may deteriorate as a person gets older, meaning they may not be able to see hazards in the environment.
- Difficulty keeping the environment clear and safe – rugs that are unsecure, frayed carpets, trailing wires, wet surfaces, clutter and poor lighting.
- Osteoporosis causes bones to become less dense and more fragile. Some people are more at risk than others. This can cause a person to be less stable.
- A DEXA scan is a special type of X-ray that measures bone mineral density (BMD). This could help to detect if a person is at risk of Osteoporosis.
- If a person lives with dementia, they may have a compulsion to walk (leading to fatigue and an increased risk of falling) Perception may impact a person that that lives with dementia too, again leading to an increased risk of falls.
- Infections such as a UTI (increased confusion, lack of concentration, inability to move around safely because of fatigue).

Why do Falls Happen?

- A recent stay in hospital of more than 10 days (NHS England “Many older people, particularly those who are frail and may have dementia, actually deteriorate while in hospital – a stay of more than 10 days leads to 10 years’ muscle ageing for people most at risk”. Nearly 350,000 patients spend more than three weeks in hospital each year).
- Poorly fitting or worn footwear/poorly fitting clothing or damaged clothing.
- Epilepsy.
- Lack of sleep.
- Foot pain / Foot health issues (e.g. diabetics are at more risk of foot problems)

Remember: Falls should not be seen as a normal part of ageing. Older people are at an increased risk, but it should not be accepted that older people will fall.



Impact of Falls

- If the person needs an operation as a result of a fall, the risks of anaesthetic, post-operative infection and a long stay in hospital.
- Difficulties in accessing rehab services like physio, OT's etc. or being cognitively able to follow a rehab programme.
- Immobility, which can lead to physical health problems like pressure ulcers and increased risk of infections.
- Needing to learn to use a stick, walking frame or a wheelchair.
- Needing hoisting and other manual handling equipment.
- Mental health problems – emotions like anger, frustration or boredom.
- Increase in changed behaviour.



Reducing the Risk of Falls

Because of the long term risk to health and wellbeing following a fall, it is preferable to prevent a fall in the first place. There are a number of simple ways in which the risk of falls can be reduced:

Keep active: do regular exercise, for example Tai Chi which is a martial art placing emphasis on balance, coordination and movement. However any exercise that keeps the person active supports muscle strength and mobility.

Have a sight test: if the person is unable to see well they may not be able to see hazards in the environment and trip over them. Also make sure they wear their glasses and the glasses are clean.

Have a hearing test: Hearing difficulties can cause problems with balance. Going for regular hearing checks could prevent this becoming a problem.

Diet: A diet rich in calcium, magnesium and other essential vitamins and minerals to help prevent osteoporosis (and supplements if advised).

Good hydration: to help the person to remain alert.



Reducing the Risk of Falls

Foot care: trim toenails regularly and see a GP or chiropodist about any foot problems.

Wear sensible clothes and footwear:

- Wear well-fitting shoes and slippers that support the ankle – make sure they are not loose and have a good grip.
- Wear footwear inside or non-slip socks.
- Make sure clothes fit well – especially lower garments to prevent tripping.

Supplements: to help keep joints supple – Some people take omega 3 supplements, including fish oils or veg options, or products like glucosamine and chondroitin. Ensure adequate vitamin D - Older people are at risk of Vitamin D deficiency, which can cause bone pain and muscle weakness.

Healthy sleep habits: Support the person to adjust their night time routine or environment if they are experiencing sleeping problems. (more information available in Changed Behaviour booklet: Wakefulness and Disturbed Sleeping).

If you are not sure, pass it on: Ensure any emerging joint problems are investigated by the person's GP or they are referred to the hospital.



Reducing the Risk of Falls in the Home or Work Environment

- Remove any trip hazards: this could include clutter, trailing wires, frayed carpets, and loose rugs: anything the person may trip on.
- Ensure that lighting is good and rooms are evenly lit so trip hazards can be seen and avoided. Ensure there is adequate lighting at night so that the person can find their way to the toilet.
- Use nonslip mats in the bath or shower: there is less likelihood of slipping when getting in and out.
- Install grab rails beside the bath and shower, toilet and in hallways to enable the person to hold onto them to help improve balance.
- Mop up any spillages immediately to reduce the possibility of slipping on a wet floor.
- Organise the environment so the person does not have to climb, stretch or bend to pick things up. Use sensors beside the bed if needed.
- Remember outside surfaces, at the front or back of the person's house, that may create a falls risk. Risk assess stairs and steps.



Ask for advice from Health Professionals

- All Health Professionals take falls in older people very seriously.
- Discuss any falls with the GP and the impact on health and wellbeing.
- The GP will carry out a falls risk assessment or refer to a health professional who can do this.
- Ask the GP or Pharmacist for a medicine review to check any medicine does not have side effects which could potentially cause falls – especially if the medicines have not been reviewed for more than one year. Some medicines can cause drowsiness too which can lead to a person falling.
- Make sure the person isn't on any medication that they don't need or taking a higher dose than they need.
- If the person has moved to your service on numerous medications, make sure you find out from their GP what each medication has been prescribed for. This will help to determine if it's still needed or if the dose could be reduced.
- If the person needs to take medication that can have a side affect of becoming sleepy, see if this can just be given at bedtime.

Ask for advice from Health Professionals

Never fear consulting the GP about a person's medication.

If a person is taking more than 4 medicines this is known as Poly-Pharmacy and this should be reviewed for a person as taking this amount of medicines could have a negative effect on the person.

- Ask the GP for a referral to a physiotherapist or to an exercise class to learn exercises to help strengthen muscles and improve balance.
- Most falls will be as a result of a combination of risk factors, so by removing as many of the risk factors as possible the risk of a fall will be reduced.



How Dementia can Affect a Person's Perception

Dementia can cause a person to see things differently to how they may have seen things before.

For example:

- Remove mats or rugs that might appear to be holes in the floor.
- Reduce reflections and glare that can look like water on the floor.
- Avoid patterned floor coverings that can increase confusion.
- Remove thresholds that the person may be reluctant to step over and try to make your flooring uniform from room to room.

Make sure eye tests are kept updated and glasses are kept clean to help prevent a fall.

Useful Link: Stirling Uni - the dementia design experts, find out more info on dementia friendly environments: <http://dementia.stir.ac.uk/design>



Supporting a Person After a Fall

- Advocate for the person to have access to whatever rehabilitation services are available in your area, these may also be branded as 'reablement' services.
- Access the fall prevention clinic if you have one in your area.
- Ideally the person should be assessed by an OT at home.
- Seek a meds review if the person hasn't had one recently or they've been given additional medication since their fall (some painkillers can have sedative effects).
- Reassess the environment if the fall happened within your service.
- Liaise with the person's work or lifelong learning service on falls prevention and enabling the person to return to work or learning.
- Consider non-drug treatments/therapists if the person has the ability to pay for this – see the treatments module for some ideas that could help to support a person experiencing pain following a fall (massage etc).

What are “Falls Prevention Clinics”?

Most areas offer a specialist clinic for people 65 years and over who have had a fall – this is usually “fallen more than once in the last year.”

Falls prevention clinics are usually based at a hospital.





What will happen at a “Falls Prevention Clinic”?

At the clinic, health professionals will:

- Look at why the fall might have happened and for any underlying problems which may increase the risk of falling.
- Complete physical checks such as eye test, urine test, ECG and check height and weight.
- Ask about the fall and want to know about medical history.
- Ask about the environment and in doing this try to build up a picture of why the fall happened or why the person is more at risk.
- After accessing the falls prevention clinic, the person may be offered further tests if required to help avoid another fall. They may be referred to a physiotherapist who will give some simple exercises to help improve strength and balance.

Accessing a “Falls Prevention Clinics”?

Supporting someone to access a Falls Clinic:

You need to check with your local NHS to see whether they have a Falls Prevention Clinic:
www.nhs.uk/conditions/Falls/Pages/Introduction.aspx





Accessing a “Falls Prevention Clinics”?

If the person has already fallen and been injured and is sent by accident and emergency, or the GP thinks their risk of falling is high then they can be referred to a falls prevention clinic. Ask for a referral if one is not suggested.

If there is no falls clinic available then advocate for the following. This best practice guidance is taken from the NICE Guidance “Falls in older people” 2015:

- After a fall the person receives a comprehensive falls risk assessment from the GP or a specialist health professional.
- Older people who have a history of recurrent falls (fallen more than once in the last year) are referred for “strength and balance training.”
- Older people who are admitted to hospital after having a fall are offered a “home hazard assessment and safety interventions.”
- If the person you support is 65 years of age or older and has fallen more than once in the last year, check whether they have been offered the best practice listed above.



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