

# Fall Prevention for Older Adults

## Falling is Serious Concern for Older Adults

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Back in the early 1960s, comedian Dick Van Dyke made falling funny.

A few years later, in the mid-'70s on "Saturday Night Live," so did Chevy Chase.

They took pratfalls on television and audiences laughed.

But now that the 21st century has come and both men—as well as millions of other Americans—are older, falling is not such a laughing matter.

In fact, according to Dr. Judy Warren, program leader in family development and resource management, and professor and Extension gerontology specialist, "approximately one-third of people over age 65 fall each year."

If that doesn't sound like something to be concerned about, consider this, Warren said: "Serious falls can lead to permanent impairment in functioning, resulting in a major loss of independence. Falls are associated with 40 percent of nursing home admissions."

Falls can even start a ripple effect of health problems that lead to death, she said.

Falling—with its high cost, both physically and financially—is nothing to laugh about.

But while falling is something to be concerned about, many such incidents can be prevented.

First, Warren advised, know the risk factors. "While aging and disease are not synonymous, there are some changes associated with aging and chronic diseases occurring in later life that contribute to risk for falling."

Because older people tend to have longer reaction time and poorer vision, something as simple as increased contrast can be a literal lifesaver. "Since most falls outside the home occur on stairs, the use of contrasting tape or paint to mark the edges where levels change can improve safety for older adults," she said. "Of course, hand rails on any stairs are important."

"Regular vision check-ups and always wearing corrective lenses are important. Diseases such as glaucoma and macular degeneration—which contribute to risk—can be identified."

Diseases such as Parkinson's disease, arthritis and osteoporosis can contribute to the risk of falling, but with the proper medical care—including the right medications, physical therapy and assistive devices—that risk can be lessened.

Other conditions may contribute to the risk of falling, including loss of muscle strength and flexibility, balance disorders, multiple medications, orthostatic hypotension (a drop in blood pressure upon standing), stroke and a history of falling. Risk associated with these conditions may be decreased through proper assessment and treatment by health care professionals including geriatricians, balance disorder specialists and physical therapists.

“Multiple medications require physician and pharmacist review to uncover side effects, such as dizziness, unsteadiness, confusion, blurred vision, drowsiness, slowed reactions and fatigue, and to evaluate alternative medications or modify doses to reduce fall risk,” Warren said.

Some risk factors can be easily eliminated with a little knowledge about the condition. “Because orthostatic hypotension creates dizziness and unsteadiness, a person experiencing this condition will need to sit after lying and to rise slowly before walking,” Warren said.

Decreased physical strength need not be a function of age, she said, although many older people do experience it. If they are otherwise in good health, older adults can increase their physical strength—and lessen their risk of falling—through a program of increased physical activity that might include walking, dancing, weight training, Tai Chi, stretching, and yoga.

“Tai Chi, a form of Eastern ‘movement sequences’ is quite effective in improving balance in older adults,” Warren said.

Because so many falls occur at home or the home community, learning about high-risk locations and correcting those risk factors will help. For example:

- Add more lighting to the home and outside for improved vision. Older adults need three times the light as younger adults to distinguish objects: three 100 watt lights are better than one 300 watt bulb.
- Use night lights in the bedroom, bathroom and hall.
- Wear proper footwear; avoid those with slippery soles.
- Remove clutter or scatter rugs from the floor.
- Avoid slippery surfaces, such as wet floors or bathtubs by using non-skid rugs and tub mats.
- If prescribed, always use assistive devices—canes or walkers—and be extra careful in unfamiliar surroundings.
- Use the hand rails when going up or down staircases.
- Use proper foot stools when necessary to reach higher shelves.
- Install grab bars in the tub and near the toilet, and use them.
- Tape down telephone cords or use cordless phones.
- Raise chairs to a more functional level.

When out in the community, be careful of uneven surfaces, changes in levels of sidewalks or curbs, doors that are difficult or too heavy to open and dimly lit parking areas.

Emotional issues can also become a factor in falling, Warren said. “Having a previous fall puts the older person at a higher risk for additional falls—50 percent of older adults who fall do so repeatedly.”

“Needless to say, the idea of falling evokes fear in the minds of older adults.”

Studies have found these fears to be “intense in those who have fallen, but also in those who have not fallen but have known someone who has,” she said.

This fear can be a risk factor itself, since it “can lead to restriction of activities, in turn resulting in loss of muscle strength and even social connectedness,” Warren said.

Reduce the fear of falling by utilizing some of the tips listed, she advised, and by “practicing ways to get up after a fall, with the assistance of a physical therapist, and having an emergency response plan.”

Warren recommended the following resources on the Web:

- [AARP’s universal design site](http://www.aarp.org/home-garden/home-improvement/info-09-2009/what_is_universal_design.html)  
[http://www.aarp.org/home-garden/home-improvement/info-09-2009/what\\_is\\_universal\\_design.html](http://www.aarp.org/home-garden/home-improvement/info-09-2009/what_is_universal_design.html)
- [National Institute of Neurological Disorders and Stroke has a searchable database](http://www.ninds.nih.gov/)  
<http://www.ninds.nih.gov/>
- [Centers for Disease Control and Prevention’s fact book on Falls – Older Adults.](http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html)  
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>  
Also search the CDC Web site (<http://www.cdc.gov/>) for fall prevention research.
- [Aging 101: The Enigma of Aging](http://www.bcm.edu/hcoa/?PMID=13594)  
<http://www.bcm.edu/hcoa/?PMID=13594>

## References

Howland, J., Lachman, M.E., Peterson, E. W., Cote, J., Kasten, L., and Jette, A. Covariates of Fear of Falling and Associated Activity Curtailment, *The Gerontologist*, Vol 38(5), 1998, pp. 59-555.