



Falls Prevention for Seniors

Why Focus on Falls?

Falls are the most common cause of personal injury and disability, and a leading cause of death for Canadian seniors. In addition to the serious costs and consequences for seniors and families, falls increase demand for costly emergency services, hospital in-patient beds, and long-term care residential placements.

What do we know about falls?

Canadian data reported by the Public Health Agency of Canada (2005) show that:

- falls are the second leading cause (after motor vehicle accidents) of injury-related hospitalizations for all ages
- almost 62% of injury-related hospitalizations for seniors resulted from falls
- the fall-related injury rate for seniors is nine times greater than for other age groups
- falls cause more than 90% of hip fractures in seniors
- 20% of seniors with hip fractures die within a year of their injury
- 40% of all admissions to nursing homes are the result of falls by seniors
- a 20% reduction in falls could save \$138 million annually

In the U.S., the National Center for Injury Prevention and Control estimates that:

- more than one-third of adults ages 65 years and older fall each year
- 20% to 30% of seniors who fall suffer moderate to severe injuries such as hip fractures or head traumas that reduce mobility and independence, and increase the risk of premature death
- among people ages 75 years and older, those who fall are four to five times more likely to be

admitted to a long-term care facility for a year or longer

Fear of falls can also increase social isolation. Seniors may be reluctant to go out in our harsh winter weather due to fear of falling. Social isolation can in turn lead to depression, anxiety and a general lack of well-being. This may partly account for the fact that most (one-half to two-thirds) of all falls occur in and around the home. Most injuries are caused by falls on the same level (not from falling down stairs) or from a standing height (e.g. tripping while walking).

The good news is that a growing body of evidence suggests that most falls are predictable and preventable. Falls often result from a combination of individual factors (e.g., vision problems and muscle weakness) and environmental factors (e.g., poor footwear, loose carpets and lack of handholds).

How can we prevent falls?

The City of Toronto, Public Health, lists 12 Tips to Prevent Falls at

http://www.toronto.ca/health/falls_prevention.htm:

- exercising regularly (maintain muscle and bone strength and flexibility)
- eating regular balanced meals (avoid weakness, dizziness and fatigue)
- having regular check-ups (monitor and address hearing, vision or muscle changes)
- using medications safely (some drugs can make seniors dizzy or drowsy)
- wearing supportive footwear (choose low heels with non-skid soles)
- using walking aids correctly (fit canes or walkers to height)
- removing clutter (clear stairs and traffic areas)

- securing rugs (avoid small carpets or rugs that could slide or bunch up)
- lighting pathways (brighten stairs, hallways and bathrooms)
- doing home safety checks (handrails, lighting, non-skid mats, grab bars)
- taking time for friends (stay socially connected and active)
- taking your time (avoid rushing)

How can I learn more?

The Public Health Agency of Canada (PHAC) estimates that between 1985 and 2005 there was a 300% increase in publications about falls in seniors. In turn, PHAC has recently released a series of reports on falls and falls prevention in seniors. These include:

- Report on Seniors' falls in Canada (2005) which provides a wealth of information "to support continued research and action to prevent falls and injuries among seniors in Canada." Find it at http://www.phac-aspc.gc.ca/seniors-aines/pubs/seniors_falls/index.htm
- Inventory of Fall Prevention Initiatives in Canada (2005) provides a snapshot of falls prevention activities nationally. Find it at http://www.phac-aspc.gc.ca/seniors-aines/pubs/fall_prevention_initiatives/index.htm
- Promising Pathways (2005) is a handbook on "the most effective strategies and interventions for reducing falls and preventing injuries among seniors who live in the community." It provides tools and resources for planning and implementing falls prevention programs. Find it at http://www.phac-aspc.gc.ca/seniors-aines/pubs/Falls_Prevention/Promising_Pathways/promising_toc_e.htm

The National Trauma Registry Report: Major Injury in Canada, 2002/2003 is available on the web site of the Canadian Institute for Health Information (CIHI) at

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_26_E. The 2003/2004 version will be available in March 2006.

The National Center for Injury Prevention and Control in Atlanta, Georgia, provides facts and figures on falls in the U.S. at

<http://www.cdc.gov/ncipc/factsheets/falls.htm>

You may also subscribe to the regular newsletter of The ProFaNE Online Community (Prevention of Falls Network Europe), "an active working group of Health Care Practitioners, Researchers and Public Health Specialists dedicated to the prevention of falls in Europe and beyond." The URL is <http://www.profane.eu.org/>

What can community service agencies do?

Community agencies are ideally positioned to research and deliver falls prevention programs (including home assessments, recommendations for home adaptations and referrals) for seniors as well as post-fall management in conjunction with other community partners such as public health units and acute care hospitals. Such initiatives can demonstrate the considerable advantages of inter-sectoral action on seniors' issues: in addition to preventing injuries and maintaining independence, post-fall care in the community has the potential to reduce hospital length of stay and ambulatory care days through extended convalescent care, seniors' health education and wellness programs.

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