

Elderly falls cut by 11 percent with education and intervention

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Commonly viewed as an inevitable consequence of aging and often ignored in clinical practice, falls among the elderly were cut by 11 percent when researchers at Yale School of Medicine used a combination of fall prevention educational campaigns and interventions aimed at encouraging clinicians to incorporate fall-risk assessment and management into their practices.

Published in the July 17 *New England Journal of Medicine*, the study also found that the fall prevention programs resulted in almost 10 percent fewer fall-related hip fractures and head injuries among the elderly, who receive their care from a broad range of health providers in the intervention area.

The study was conducted by Mary E. Tinetti, M.D., the Gladys Phillips Crofoot Professor of Medicine, epidemiology and public health and investigative medicine at Yale School of Medicine, and colleagues.

It is the first study to examine the effects of fall prevention strategies when used by clinicians who care for the elderly. Previous trials studied fall prevention carried out by researchers, not by elderly patients' own health providers. The study targeted primary care physicians, rehabilitation specialists (physical and occupational therapists), home care nurses, hospital emergency room staff and other clinicians and providers.

Tinetti and her team compared the rates of serious fall injury and health

care related to falls among people age 70 and older in two regions of Connecticut. For four years, health care providers in the greater Hartford region were contacted as part of a multi-component program targeting poor balance, vision loss, medication use, improper footwear, and blood pressure drops upon standing. Clinicians were encouraged to cut medications and increase physical therapy referrals among other proven fall prevention strategies. About 3,000 clinicians, administrators and policy experts in this region also received fall prevention information in the form of brochures, seminars, posters and patient education materials. Those in the Southern Connecticut region followed the usual care practice.

"The 11 percent difference translates into about 1,800 fewer injuries, less discomfort and disability for the elderly and about \$21 million less in health care costs in the region where the interventions took place, compared with the usual-care region," said Tinetti. "The data show that fall risk assessment and management can be embedded into practice. We weren't expecting such great results because it can be difficult to adapt new strategies into patient care. We are now looking at ways to make these interventions and strategies available to the rest of the state and country."

In past studies, Tinetti and her team identified effective strategies to prevent falls but she said they have been underutilized. "Falling doesn't have to be an inevitable part of age because it is preventable," she said.

Fall-related injuries are among the most common, disabling and expensive health conditions experienced by older adults. Falls account for 10 percent of emergency department visits and 6 percent of hospitalizations among those over age 65. Falls can also lead to functional decline, placement in a nursing home and restricted activity.

Source: Yale University

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