

Vitamin D supplementation can reduce falls in nursing care facilities

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Giving people living in nursing facilities vitamin D can reduce the rate of falls, according to a new Cochrane Review. This finding comes from a study of many different interventions used in different situations. In hospitals, multifactorial interventions and supervised exercise programs also showed benefit.

Older people living in nursing facilities or who have been admitted to hospital are much more likely to suffer a fall than those living in the community. In these settings, falls fairly often result in [head injuries](#) and fractures, with rates of [hip fracture](#) more than ten times higher in nursing facilities than in the community. It is important to try to prevent falls to avoid unnecessary stress for older people and their families, and to reduce pressure on staff and resources. However, prevention is complicated as falls usually happen for several or many different reasons.

"Many of the preventive measures used to avoid falls in older people are combined in what are called multifactorial interventions, so it can be very difficult to separate out the effects of all the different measures," said lead researcher Ian Cameron, who is based at Sydney Medical School at the University of Sydney in Ryde, Australia.

The current review included 41 trials involving 25,422 older people, who were mostly women. Five trials tested the effects of giving [vitamin D](#) to patients in nursing facilities, where it was found to be an effective measure for preventing falls. The researchers found that multifactorial

interventions, which often incorporated exercise, medication, or environmental factors including appropriate equipment, reduced the risk of falls in hospitals. In [nursing homes](#), the effects of multifactorial interventions were not significant overall. However, the researchers concluded that multifactorial interventions provided by multidisciplinary teams in these facilities may reduce the rate and risk of falls.

"In our review, we saw limited evidence that these combined interventions work, but we could more confidently recommend them if they were delivered by a multidisciplinary team," said Cameron.

"Currently, there's no one component of any of these programmes that stands out as more important than any other and we're also missing data on whether increased supervision or new technologies such as alarm systems are of any benefit."

Provided by Wiley

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