

Falls and follow-ups: Medical attention following a fall critical to senior health

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Falling down is hazardous to a senior citizen's health, yet fewer than half of all seniors see a doctor after a fall. And those who don't seek medical attention are far less likely to engage in any of the six widely recommended activities — such as a review of their medications or getting a cane or walker — that might prevent repeated falls, according to a new policy brief from the UCLA Center for Health Policy Research.

In the study, researchers, using data from the 2007 California Health Interview Survey, found that even though 91 percent of California seniors reported seeing a doctor in the past year, a fall was rarely the reason for the visit. In fact, less than half (46.6 percent) of seniors who had fallen more than once reported a fall as the reason for a doctor's appointment.

Those who did not seek medical help were less likely to engage in activities that might prevent future falls — only about 31 percent did two or more follow-up activities to prevent falls. In contrast, 73 percent of seniors who did seek medical care after a fall engaged in two or more follow-up activities.

"Following up with a doctor after a fall is critical to senior health," said UCLA Center for Health Policy Research associate director Steven P. Wallace, lead author of the policy brief. "The safeguards we discuss are some of the best ways of preventing additional falls and the disastrous health consequences associated with falls."

Falls among the elderly are a widespread problem. More than half a million older Californians (565,000) fell more than once in 2007 — about 100,000 more than reported multiple falls in 2003, according to the California Department of Public Health and the Office of Statewide Planning and Development.

Falls are directly linked to declining health among older Americans: More than 1,400 California seniors died due to injuries from falls in 2007, and approximately 67,000 more were hospitalized.

National guidelines issued by the American Geriatrics Society and other organizations recommend the following activities for reducing the risk of falling among older adults with a history of falls: (1) an evaluation by a health professional with counseling on how to reduce falls, (2) a review of medications, (3) home modifications, (4) exercise and/or (5) physical therapy, and (6) using a cane or walker if needed.

The study's authors recommended a number of ways to encourage seniors and health care providers alike to prevent multiple falls, including:

- Train first responders

The authors cite a Nevada County, Calif. program that provided emergency medical technicians and paramedics with an assessment and referral form for seniors who call 9-1-1 when they fall but decline to be taken to the emergency room.

- Educate/incentivize health providers

Boost efforts to increase awareness among [health](#) care professionals of relatively new billing codes that help track a patient at risk of falls (ICD-9 diagnosis code V15.88 and CPT-II treatment code 1100F). Specifically, the codes are used when a patient has more than two falls in a year or one fall with injuries. In addition, physicians who participate in Medicare's Physician Quality Reporting Initiative can earn a 1.5 percent quality-of-care bonus if they report specified quality measures that include falls screening.

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Involve the community

Fostering broad-based community coalitions is the most effective way to raise awareness of the problem of senior falls and to advocate for policies to reduce the risk of falls. Supporting and expanding these efforts can reduce the rates of falls among [seniors](#), improving the quality of life of older adults in California while reducing medical care costs.

Provided by University of California - Los Angeles

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