

Community program halves fall rate among older people

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A community based falls prevention service reduced the rate of falls among older people by 55%, finds a study published in the British Medical Journal today.

The service also led to increased levels of activities of daily living and reduced fear of falling.

Falls are a common and serious problem in [older people](#). Many people who fall call an emergency ambulance, but are not transported to hospital and are not referred to a falls prevention service. Yet they remain at high risk of falling again.

So a team of researchers in Nottingham set out to evaluate whether falls could be reduced in this high risk group by a community falls prevention service.

The study involved 204 adults aged more than 60 living at home or in residential care who had fallen and called an emergency ambulance but were not taken to hospital.

Participants were given a thorough assessment at the start of the study and then randomly split into two groups. The intervention group received support from community fall teams including strength and balance training, a home hazards assessment and adaptations for the home, and practice in getting up from the floor. They also attended regular group sessions on fall prevention for further strength training and advice.

The control group received no such support and were advised to use existing social and medical services as usual.

All participants completed monthly falls diaries to monitor the rate of falls over 12 months.

The results show a 55% reduction in the rate of falls over the study period (3.5 falls per year in the intervention group compared with 7.7 falls per year in the control group). Results were similar when adjusted for factors such as sex, age, medication use, previous falls and residential status.

The intervention group were also better able to carry out usual daily activities and were less fearful of falling than the control group.

The number of participants admitted to hospital with a fracture, and the number of times an emergency ambulance was called because of a fall were also lower in the intervention group.

The authors believe this reduction to be clinically important and they call for a study of the economic consequences of these findings to be conducted.

In an accompanying editorial, Lindy Clemson, Associate Professor in Ageing at the University of Sydney, says that, although such interventions are successful in trial settings, their uptake in practice has been remarkably slow and inconsistent. She concludes: "Further studies are needed to assess the barriers and facilitators to implementing falls prevention programmes in the community, and how to make these programmes sustainable."

Provided by British Medical Journal

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