

Irregular medication use puts seniors at risk for falling

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Older adults increase their chances of falling by not taking their medications as directed, according to an article in the latest edition of the *Journals of Gerontology Series A: Biological and Medical Sciences* (Volume 65A, Number 5). This new information comes from a recent study of Boston-area residents over age 70, which found that those who sometimes neglected their medications experienced a 50 percent increased rate of falls compared with those who did not.

"Falls can now be added to the growing list of poor health outcomes associated with non-adherence to medication," said lead author Sarah D. Berry, MD, MPH, a research scientist with the Institute for Aging Research at Hebrew SeniorLife in Boston. "Because non-adherence is common and easy to screen for, health care providers should discuss this subject with their patients."

Berry and her co-authors are the first investigators to study the association between falls and [medication adherence](#). The team used data gathered from subjects in the Maintenance of Balance, Independent Living, Intellect, and Zest in the Elderly of Boston (MOBILIZE Boston) Study, a community-based cohort of seniors recruited for the purpose of studying novel risk factors for falls. They examined responses from a total of 246 men and 408 women with an average age of 78. Between 2005 and 2008, 376 individuals in this group reported a total of 1,052 falls.

A participant was characterized as having low medication adherence if

he or she answered yes to any of the following questions: Do you ever forget to take your medications? Are you careless at times about taking your medications? When you feel better do you sometimes stop taking your medications? Sometimes if you feel worse when taking your medication, do you stop taking it? High adherence was defined as a "no" answer to every question. In total, 48 percent of the respondents were classified as having low medication adherence.

Those in the low-adherence group experienced falls at an annual rate of 1.5 times that of the high adherence group. This association persisted after adjusting for other variables, including age, sex, cognitive function, and total number of medications.

More information: <http://biomedgerontology.oxfordjournals.org/>

Provided by The Gerontological Society of America

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