

Reported increase in older adult fall deaths due to improved coding

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The recent dramatic increase in the fall death rate in older Americans is likely the effect of improved reporting quality, according to a new report from the Johns Hopkins Center for Injury Research and Policy. The report finds the largest increase in the mortality rate occurred immediately following the 1999 introduction of an update to the International Classification of Diseases (ICD-10), suggesting a major change in the way deaths were classified. Several research studies, including one by the report's authors, found that rates of fatal falls among seniors had risen as much as 42 percent between 2006 and 2006. The results are published in the May-June issue of *Public Health Reports*.

"We had been perplexed by the sudden increase because neither the nonfatal fall rate nor the fall-hospitalization rate increased significantly," said Susan P. Baker, MPH, a professor with the Johns Hopkins Center for Injury Research and Policy, part of the Johns Hopkins Bloomberg School of Public Health. "By ruling out these variables, we found that a change in how the underlying cause of death gets reported explains much of the widely-reported increase."

As it turns out, the largest increase was seen in the coding subgroup "other falls on the same level," which refer to when an individual falls on the same surface they are standing or walking on; such falls generally do not result in injury that is immediately life-threatening.

"Death following a minor injury from a fall typically involves the elderly and usually occurs weeks or months after the fall as the result of

[pneumonia](#) or other complications. Previously, many of these deaths were coded as the illness rather than the fall," said study author Guoqing Hu, PhD, faculty with the Central South University School of Public Health in China. "However after ICD-10 went into effect in 1999, the rate of deaths from this type of fall jumped, suggesting a major change in death certification practices."

Each year, one in three older adults in the U.S. falls, making falls the leading cause of injury deaths for older Americans. The annual direct and indirect cost of fall injuries is expected to reach \$55 billion by 2020. Accurate interpretation of recent trends is critical for understanding the effect of ongoing measures designed to prevent fall injuries in the elderly.

"[Falls](#) in [older adults](#) are indeed a major [public health](#) problem, and this report should not suggest otherwise," concluded Baker. "In fact, it's likely that for some time we've been under-reporting just how many older Americans die as a result of a fall, a hypothesis supported by international comparisons. Additional research and resources are needed to address this problem."

Provided by Johns Hopkins University Bloomberg School of Public Health

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