

# Interventions can reduce falls in people over 65 who live at home

September 11 2012

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There is now strong evidence that some interventions can prevent falls in people over the age of 65 who are living in their own homes. However, the researchers who reached this conclusion say that care is needed when choosing interventions, as some have no effect. The full details are published this month in *The Cochrane Library*. This is an update of a previous report that contains data from 51 additional trials, enabling the authors to reach many more conclusions.

As people get older they may fall more often. The reasons vary, including problems with balance, vision and dementia, but approximately 30% of people over 65 and living in the community fall each year. Around one in five falls requires [medical attention](#), and one in ten results in a fracture.

Working in New Zealand, the UK and Australia, a team of seven researchers considered evidence from 159 trials involving 79,193 participants. Most of the trials had compared people who were using a fall preventions programme with those given no intervention, or an intervention that would not be expected to affect their risk of falling.

"Multiple-component exercises carried out either in groups or by individuals when prescribed in their homes significantly reduced the rate of falls and reduced an individual's risk of falling," says lead author Lesley Gillespie, who works in the Department of Medicine of Dunedin School of Medicine, University of Otago, New Zealand. Performing safety modifications and behaviour changes in the home also reduced

falling, and this was particularly effective in people with severe [visual impairments](#) and when the assessment was carried out by a qualified occupational therapist.

Some forms of surgery reduced falling. People with particular [heart rate disorders](#) (carotid sinus [hypersensitivity](#)) who were given [pacemakers](#) fell less often than those without the pacemakers, and women receiving [cataract surgery](#) on the first eye also had a reduced rate of falling. However, removing the cataract from the second eye had no further effect.

Gradually withdrawing psychotropic medication also reduced the rate of falls, as did programmes in which general practitioners took particular care in the way they modified the drugs given to individuals.

On a simple practical level, wearing an anti-slip shoe device made people less likely to fall in icy conditions.

The researchers found that a few treatments had adverse effects. [Older people](#) may be at an increased risk of falling while adjusting to new glasses or major changes in prescriptions, but the risk reduced when people wearing multifocal glasses, who took part in activities outside the home, replaced them with glasses containing single-focal lenses.

Taking vitamin D supplements did not reduce the rate of falls when all participants were taken as a group, although there was some indication that it may do in people who were deficient in vitamin D at the beginning of a trial. There is no evidence that cognitive behavioural interventions reduce falls, nor did trials that just increased the individuals' levels of knowledge and education about fall prevention.

Three trials showed that interventions could save more money than they cost. This occurred in trials involving home-based exercise in over

80-year-olds, home safety assessment and modification in those with a previous fall, and one multifactorial programme targeting eight specific risk factors.

The authors concluded that they found clear evidence that a number of different interventions can help prevent older people from falling, but this may not be the case for people with [dementia](#) as most studies excluded these people from their trials. They also believe that future research needs to concentrate on increasing uptake and adherence to effective programmes both by practitioners and by older people.

**More information:** Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. [DOI: 10.1002/14651858.CD007146.pub3](https://doi.org/10.1002/14651858.CD007146.pub3)

Provided by Wiley

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