

Adjusting meds may reduce fall risk in older adults

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Simply adjusting the dose of an older adult's psychiatric medication could reduce their risk of falling, a new University of Michigan study suggests.

The study found that a moderate increase in depressive symptoms among people over 65 was associated with a 30 percent increase in experiencing a fall over the next two years, said Geoffrey Hoffman, research fellow and assistant professor at the U-M School of Nursing.

This association appeared, in part, to reflect greater use of [psychiatric medications](#), he said. The study didn't formally measure the impact of medication use on [falls](#), but when psychiatric medication was included in the experimental model, the relationship between falls and depressive symptoms became nonsignificant, he said.

"We've pinpointed that we think the relationship between depression and falls involves medication use with important implications for patient safety and fall risk reduction," Hoffman said. "Many interventions to prevent falls are expensive and time-intensive, but this is a simple and inexpensive matter of encouraging continued use of psychiatric medication while improving monitoring of fall risk and adjusting medication appropriately."

While Hoffman and colleagues found that depressive symptoms among older adults preceded falls, they didn't find the reverse—that a fall is followed by symptoms of depression over the next two years. This is

positive in the sense that depression didn't seem to set in—at least in the time period researchers examined in this study.

The team looked at the risk of falls between 2006 and 2010 among those 65 and older surveyed for the National Health and Retirement Study. When they examined medication use, the strength of the relationship between depressive symptoms and falls decreased.

The takeaway for older adults? Stay active and always be careful to reduce fall risks. Talk to a family member or a physician if you think you're depressed, and talk to a [physician](#) if you have questions about medications.

For families and physicians? Watch for [depressive symptoms](#), and trust that physicians are weighing the risks and benefits of psychiatric medication use. Physicians should pay special attention to properly choosing and dosing medication, and ask older patients about symptoms that indicate fall risks. For purposes of the study, those medications included tranquilizers, antidepressants, and pills for nerves.

Hoffman also said that specialty geriatric societies should highlight depression and [medication](#) use in fall risk assessment protocols and encourage physicians treating [older adults](#) to be sensitive to fall risks.

Falls among the elderly cost about \$30 billion a year, and up to half of nursing home admissions follow a fall. About one-third of Americans 65 or older fall annually and about 10 percent of all elderly people are injured during falls.

The study, "Depressive symptomatology and [fall risk](#) among community-dwelling older adults," appeared in the journal *Social Science and Medicine*.

More information: Geoffrey J. Hoffman et al, Depressive symptomatology and fall risk among community-dwelling older adults, *Social Science & Medicine* (2017). [DOI: 10.1016/j.socscimed.2017.02.020](https://doi.org/10.1016/j.socscimed.2017.02.020)

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