

Certain cardiovascular medications may increase risk of falling

June 7 2017

A new analysis suggests that among older adults who take cardiovascular medications, those using non-selective beta-blockers may be at an increased risk of falling compared with those using selective beta-blockers. These types of drugs are already known to differ by their receptor binding properties and their systemic effects on the body.

In the analysis of data from 2 prospective studies involving more than 10,000 individuals, use of a selective [beta-blocker](#) was not associated with fall risk, but use of a non-selective beta-blocker was associated with a 22% increased risk. In total, 2,917 participants encountered a fall during follow-up.

The results indicate that fall risk should be considered when weighing the pros and cons of prescribing different beta-blocker classes for older individuals.

"Drug-related falls remain under-recognized, leading to preventable falls and related injury. Precise prediction of drug-related fall risk is of major importance for clinical decision-making," said Dr. Nathalie van der Velde, senior author of the *British Journal of Clinical Pharmacology* study. "Knowledge of type-specific effects such as selectivity in beta-blockers can be expected to improve decision-making."

More information: Annelies C. Ham et al, Beta-blocker use and fall risk in older individuals; original results from two studies with meta-analysis, *British Journal of Clinical Pharmacology* (2017). [DOI:](#)

[10.1111/bcp.13328](https://doi.org/10.1111/bcp.13328)

Provided by Wiley

Citation: Certain cardiovascular medications may increase risk of falling (2017, June 7) retrieved 27 April 2024 from

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