

# Emergency department visits not a catalyst for falls prevention activities

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Adults age 65 and older who go to the emergency department (ED) for a fall-related injury are not likely to participate in a fall prevention program after being discharged, despite being given a flyer for a local program before leaving the hospital. The study highlights the challenges of effectively helping these patients prevent future falls, as well as the importance of educating both patients and providers about available programs geared to help prevent falls in the future.

Each year, a third of those age 65 and older suffer from a fall, and among this age group, falls are the leading cause of fatal and non-fatal injuries, according to the Centers for Disease Control and Prevention. In 2015, 2.5 million older adults went to the ED because of falls and more than 734,000 of those patients were hospitalized. In that year, the direct medical costs related to the falls are estimated to be between [\\$31.3 and \\$36.8 billion](#), both adjusted for inflation.

Out of 87 patients enrolled in the study who were interviewed 60 days after their initial ED visit, none reported engaging in fall [prevention](#) activities. In addition, fourteen percent of the participants fell again after they were discharged; seven sought medical attention for a subsequent fall and returned to an ED for treatment; and five returned to the ED where they were treated for their first fall.

"For [older adults](#) that fall, that first emergency department visit is an important, but underutilized opportunity to mobilize healthcare resources for people at a high risk for subsequent falls," said Kalpana Narayan

Shankar, MD, an emergency medicine physician at Boston Medical Center (BMC) and the study's corresponding author.

While patients did not enroll in a program, particularly the evidence-based Matter of Balance program detailed on the flyer, many reported discussing their falls with others before the study's follow up call two months later. Seventy-one percent of patients spoke with a healthcare provider about their fall, 37 percent talked to those providers specifically about ways to reduce falls, and 46 and 36 percent talked to family members or friends, respectively, about what they can do to prevent falls.

"The amount of dialogue patients reported having about their falls is encouraging, but their fall should trigger a more significant health system response to lessen their risk of future falls. This is difficult to accomplish solely in the [emergency department](#) due to time and resource constraints," said Narayan, who stresses that both providers and patients need more education on the effectiveness of clinical and community [fall prevention](#) interventions and activities and that they could be an important part of preventing future falls.

The initial flyer may not have spurred enrollment, but forty-two percent of participants did say that it was somewhat, or very likely, that they would participate in a community-based [falls](#) prevention program during the next year. It is unclear whether or not those [patients](#) eventually enrolled. These results are published online in the journal [Injury Epidemiology](#).

Provided by Boston University Medical Center

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