

Falls a 'major epidemic' for older Americans

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From late-night tumbles on the way to the bathroom to accidents outdoors, more and more elderly Americans are dying after a fall, with the risk doubling since 2000, according to a study published Tuesday.

The figures confirm a trend that has also been observed in Europe.

In the United States, the absolute number of deaths among over 75s attributed to falling almost tripled from 2000 to 2016 (8,613 to 25,189).

While the population has grown since that time, it still represents a doubling in the rate of such deaths for men as well as women, according to a study published in the *Journal of the American Medical Association (JAMA)*.

The research was led by Klaas Hartholt at the Reinier de Graaf Groep in the Netherlands.

"Approximately one in three persons aged 65 years or older falls every year," Marco Pahor, director of the Institute on Aging at the University of Florida, wrote in an editorial on the subject for the journal.

"Falling is a potentially catastrophic and life threatening event for older persons."

But the risk of death from head trauma and internal bleeding isn't where it ends. Fractures to hips, knees or ankles can mark the start of a vicious cycle: hospitalization, reduced independence, physical rehabilitation and long-lasting effects on morale and mental health.

One in five people who break their hips will never walk again, according to Atul Gawande, a doctor and the author of the book "Being Mortal."

In the US, the costs linked to falls is among the most expensive categories for hospital care.

"Falls represent a major emerging epidemic among older persons," Pahor told AFP.

Fewer pills

In the Netherlands, Spain, Australia and Canada where falls were also recently studied, the trend has been similar since 2000. In France, the problem is described as a "major public health issue."

The reasons for the spike have not been well studied, but geriatricians have some ideas.

It's possible that the elderly of today are more active than those of the past. Rising obesity levels could also play a role since it is linked to a weakening of the muscles.

Perhaps most of all, though modern medicine has done a good job of improving the treatment of chronic illnesses, it has neglected quality of life for people in their old age.

"Unfortunately, some medications can increase fall risk," Elizabeth Burns, a health scientist at the Centers for Disease and Control who co-authored the *JAMA* study, told AFP.

"Some medications, like psychoactives, can cause side effects such as vision impairment, confusion, and sleepiness," she said, adding that the use of such drugs including opioids has increased substantially in recent years.

George Taler, a geriatrician at the MedStar Washington Hospital Center who makes home visits in the US capital, added that the method he most favors for lowering the risk of falling is simple: "de-prescribing" medication that is no longer necessary.

Studies have shown that when the number of prescription drugs taken daily is four or more, dizziness and loss of balance rise significantly.

"We're very good at writing prescriptions for medications. We're not so

good about taking them away, even when they're no longer helpful or necessary," Taler told AFP.

"I'll just give you a case today: this is an older woman who's had multiple falls, and she has swelling in her ankles.

"Well, if I gave her a prescription for a diuretic to get rid of the swelling, and all the fluid disappears, she is likely to have a fall from dehydration. So we need to adjust the medicine to her reality."

Another study published in *JAMA* led by Teresa Liu-Ambrose at the University of British Columbia found that physical exercise played a role in reducing falling.

In a relatively small experiment carried out in the Greater Vancouver area with around 300 septuagenarians, researchers tested the effectiveness of the Otago Exercise Program, a home-based program supervised by a physical therapist.

It involves numerous strength-building exercises for knees, hips and ankles as well as balance-training (including walking backwards, standing on a leg, etc), repeated three times a week with participants asked to also walk 30 minutes at least twice per week.

The physical therapist visited at various intervals to keep things on track, with their fifth and final visit six months after the program began.

The program "significantly reduced the rate of subsequent falls" compared to those in a control group, but the researchers cautioned that the results required replication in other clinical settings.

One thing that has intrigued researchers has been the positives associated with physical exercise even when it did not increase muscle mass.

"The very act of exercise just makes people more aware of their body, more aware of their space, feeling better about themselves," said Taler. "And even though we may not be able to measure that, it still has its measurable benefits in terms of falls."

More information: *Journal of the American Medical Association* (2019). [DOI: 10.1001/jama.2019.4185](https://doi.org/10.1001/jama.2019.4185)

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