

Evidence uncertain whether interventions prevent falls in multiple sclerosis

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There is uncertainty regarding the effect of exercise and other interventions on the prevention of falls in patients with multiple sclerosis (MS), according to a review published online Nov. 28 in the *Cochrane Database of Systematic Reviews*.

Sara Hayes, Ph.D., from the University of Limerick in Ireland, and colleagues conducted a systematic literature [review](#) to identify studies evaluating the effectiveness of interventions on reducing falls in patients with MS.

The researchers identified 13 studies (839 participants; mean age, 52 years). The most common interventions evaluated were exercise, education, functional electrical stimulation, and exercise plus education. Nine included studies demonstrated high risk for bias due to study methodology. For fall rates, the evidence was uncertain regarding the effects of exercise versus controls (rate ratio [RR], 0.68; 95 percent confidence interval [CI], 0.43 to 1.06 based on very low-quality evidence), number of fallers (RR, 0.85; 95 percent CI, 0.51 to 1.43 based on low-quality evidence), and adverse events (RR, 1.25; 95 percent CI, 0.26 to 6.03 based on low-quality evidence). There was a trend noted in favor of [exercise](#) versus controls for balance function (standard mean difference [SMD], 0.50; 95 percent CI, 0.09 to 0.92), self-reported mobility (SMD, 16.30; 95 percent CI, 9.34 to 23.26), and objective mobility (SMD, 0.28; 95 percent CI, 0.07 to 0.50), but these trends could not be evaluated using the GRADE criteria.

"Robust randomized controlled trials examining the effectiveness of multifactorial falls interventions on falls outcomes are needed," the authors write.

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