

Heavy alcohol, drug use linked to increased risk of falls among people with HIV

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The consequences of a fall can be devastating, particularly among people who are at higher risk of a fracture such as people with HIV. Alcohol consumption and drug use are important risk factors for falls or fractures, but there are no standard medical guidelines on the level of consumption or type of alcohol or other drug use (AOD) that increases one's risk for falls and fall-related injuries, particularly among

populations with conditions that already affect balance.

A new study led by Boston University School of Public Health and Boston University Chobanian & Avedisian School of Medicine fills this gap with findings that suggest that drinking 4 or more drinks in one day for women (5 or more drinks for men) or taking a non-prescribed sedative medication increases the likelihood of a fall and emergency department visit or hospitalization for a fall or a fracture among people living with HIV.

[Published in the *Journal of Acquired Immune Deficiency Syndromes*](#), the study found that higher average daily alcohol use and each additional day of heavy drinking were also linked with a higher likelihood of falls. Illicit opioid use, however, was linked to a higher risk of fractures but not falls.

Understanding how AOD use frequency and type may affect populations can inform valuable counseling services to these groups, as well as fall prevention interventions that can help vulnerable patients avoid preventable injuries and prolong their mobility, self-confidence, and overall quality of life.

Much of the current research on falls focuses on people who are 65 and older—but falls are not uncommon among people with HIV at an earlier age. The average age of the study population was in the low 50s, yet about one in three people had a fall in the past 6 months, and more than half of these people fell at least twice. Most people had well-controlled HIV" says study corresponding author Dr. Theresa Kim, clinical associate professor of medicine at BU Chobanian & Avedisian School of Medicine.

"Antiretroviral therapy is so effective that the lifespan of people with HIV has become longer," Dr. Kim says.

"Therefore, 'geriatric' conditions such as falls—which can have a significant impact on mobility, fracture, and hospitalization—have become more of a concern. We hope these findings encourage clinicians to ask their patients about both alcohol and non-prescribed sedative use and inform them that decreasing their [alcohol consumption](#) and avoiding non-prescribed sedatives will lower their risk of a fall."

For the study, Dr. Kim and colleagues analyzed data on AOD use and falls, fractures, and subsequent health care among people living with HIV and who were participants in the Boston ARCH Frailty, Functional Impairment, Falls, and Fractures (4F) Study between 2018-2020. The team measured drinking frequency and per-day volume within the past 14 days, as well as frequency and type of [drug use](#), including illicit opioids, cocaine, and both prescribed and non-prescribed sedatives.

"The rate of falling in this population is really quite remarkable, and not well known," says study co-author Dr. Michael Stein, chair and professor of health law, policy & management at BUSPH. "Our study brings this remediable clinical condition to light. Falls are dangerous and demoralizing for patients. Greater clinical attention to falls and the risks for falling should be part of HIV care in 2024 as people are living longer and longer with HIV infection, and aging itself is, of course, a fall risk."

The researchers also observed that about 15 percent of the study group were unhoused at some point during the study period, and both homelessness and [depressive symptoms](#) were associated with higher odds of a fall, multiple falls, fracture, and fall- or fracture-related emergency department use or hospitalization. People who are unhoused are particularly at risk of falls and related injuries, as walking is a primary mode of transportation, and there is a greater chance of encountering environmental hazards.

The team hopes these findings not only inform prevention efforts but

also reduce stigmas associated with falls, which can prevent patients from seeking help.

"Many people, with and without HIV, are fearful of falls as an indicator of declining health, and they can feel quite embarrassed after having a fall," A recent study found that some people with HIV worry that a fall is the "beginning of the end," but this does not have to be the case. There are ways to reduce the risk of a fall and [fall-related injuries](#), Kim says.

The team is in the process of developing and testing a fall prevention intervention for people with HIV who are 50 and older and who have experienced a fall.

More information: Theresa W. Kim et al, Alcohol consumption and illicit drug use: associations with fall, fracture, and acute healthcare utilization among people with HIV infection, *JAIDS Journal of Acquired Immune Deficiency Syndromes* (2023). DOI: [10.1097/QAI.0000000000003372](https://doi.org/10.1097/QAI.0000000000003372)

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