

Falls, Aging and Medications

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Unintentional falls are a common occurrence among the senior population and everyone is at risk. More than one third of people over the age of 65 have at least one fall a year and the risk for falls increases as we age. This increased risk of falling is likely the result of changes that come with getting older, plus medical conditions such as arthritis, cataracts or hip surgery.

In 2003, more than 13,700 older adults died from falls making this the leading cause of injury related deaths among those 65 and older. Direct medical costs related to falls in older adults were \$19 billion during the year 2000 alone. Although injuries sustained from a fall may range from trivial bruises to life-threatening trauma, head injuries and fractures of long bones (for example, hip fractures) lead the list.

Even falls that do not result in injury can have a negative effect on older adults. Many elderly patients may voluntarily decrease or restrict their activity after a fall for fear of having another fall. This reduction in exercise can quickly lead to weakening muscles and decreased strength which in turn leads to additional falls. This can be a vicious cycle.

Falls occur in nursing home patients, hospitalized patients, and active community dwelling seniors. Since many falls occur in the home, making your home a safe environment is a good place to start. Securing area rugs, having good lighting, installing grab bars in the bathroom and keeping floors cleared of clutter are just a few steps to improving the safety of your home.

Falls and fall-related injury may not be completely preventable, but the risk of falls and injury can be reduced. Your healthcare practitioners should recognize patients who are frequent fallers. Older adults should be asked about falls at least once a year. Individuals who experience recurrent falls, seek medical attention for a fall and those with gait or balance disorders should have a comprehensive fall evaluation. The goal of a comprehensive fall assessment is to identify risk factors that may be modifiable. The assessment should focus on key elements in the medical and fall history, a comprehensive medication regimen review and a physical examination.

Numerous factors may contribute to falls and injuries. One area that should be carefully reviewed is the medication regimen. A comprehensive medication regimen review, including over the counter and herbal agents, is essential. The type and number of medications taken increases the risk of falls. Although everyone over the age of 65 is at an increased risk, this is especially true in those who are 85 and older.

As we age, we are more sensitive to the central nervous system side effects of medications. Diseases of the heart and brain can cause worsening balance, gait and coordination. Age related changes can cause you to fall from things that would have only caused a stumble when you were young.

Medications used to treat anxiety such as lorazepam and diazepam can cause falls. Older antidepressants have been implicated in falls, but even when newer antidepressant medications are used at high doses, fall risk increases. Some of the older antidepressants may be used to treat pain, but the risk of falling remains the same regardless of the reason why the medication is prescribed.

Narcotic pain relievers are associated with fall related injury and should be prescribed and used only when necessary. For example, Darvon[®] and Darvocet[®] contain propoxyphene, a commonly prescribed narcotic pain reliever. This particular medication is considered potentially inappropriate in those over 65 years old and should be used with caution. Due to altered medication effects in the older population, dosage adjustments should be made to avoid overdosing and serious side effects. Serious side effects associated with propoxyphene use are not limited to falls but may include liver damage and death.

Medications used to treat high blood pressure, heart disease and insomnia have been implicated in falls. That is why it is important to report dizziness, sedation, low blood pressure or any other symptom to both your physician and pharmacist. These symptoms may actually be a medication related side effect. This is especially true if your medication regimen has changed.

Always tell your physician if you have had a fall. Due to the numerous factors that may contribute to falls, it is important that both your physician and pharmacist have the opportunity to decrease your risk for falls and fall related injury. Remember, communication is an important part of the patient-provider relationship. For a complete list of medications that may contribute to falls or for home safety tips, contact your Senior Care Pharmacist.