Falls

Introduction

When an older person falls, it can have devastating consequences. A third of people over 65, and half of people over 80, fall at least once a year.\(^{459}\) Falls are the most common cause of death from injury in the over 65s and cost the NHS over £2bn a year and over 4 million bed days.\(^1\) Nearly 9 million or one in six people in the population in England were 65 or over at the time of the last census,\(^ii\) and the figure is forecast to rise by another 2 million by 2021.\(^{520}\)

At an individual level, falls are the number one causing factor for a person to lose their independence and going into long term care. A first fall can set in motion a downward spiral of fear of falling which, in turn, can lead to more inactivity, loss of strength and a greater risk of further falls.

Risk factors and vulnerable groups

Falls are linked to a range of risks, which often co-exist in older people. Over 25 different risk factors have been identified and include:\(^iii\)

- Medical conditions including (Parkinson’s, dementia, circulatory disease, respiratory disease, depression and arthritis).\(^{523}\)
- The effect of commonly prescribed medicines, especially in combination (for example the Medications for cardiovascular disease or depression).
- Physiological changes (poor eyesight, loss of muscle strength and balance).
- Environmental hazards (ill-fitting shoes, poor lighting, and slippery surfaces).
- Lifestyle (excessive alcohol, physical inactivity).

Although 35% of people aged 65 years and over living in the community are likely to fall at least once a year, the fall rates among institution residents are much higher. Approximately 50% of older people in residential care facilities fall at least once a year and up to 40% fall more than once a year.\(^{523}\)

The risk of falling increases with age. However, the presence of more than one of the following factors further increases the risk of a fall:

- Falls history.
- Gait deficit.
- Mobility impairment and/or inactivity.
- Fear of falling.
- Visual impairment.
- Urinary incontinence.
- Home hazards.
- Number and type of medications.
- Psychotropic and cardiovascular medications.
- Muscle weakness.
For the younger older person, fall rates for men and women are similar. However, among the older old (over 85 years), women fall more often than men and are more likely to incur fractures when they fall. People living alone are considered to be at higher risk of falling – part of this appears to be related to certain types of housing that older people may occupy. Evidence suggests White ethnic groups fall more frequently than African-Caribbean, Hispanics or South Asians. However, there are no papers reporting ethnicity variations for those from continental Europe.

What is the evidence base?
A multi-faceted approach to falls prevention, including home exercise programmes, medication review and assessment of balance, gait, and blood pressure and addressing environmental risk factors can reduce the impact and cost of falls. Interventions that are likely to be beneficial include a programme of muscle strengthening and balance training, as well as a comprehensive risk assessment.

NICE recommends the following interventions to prevent falls.

1. Older people (65+) in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.
2. Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance (see falls annex for details of tests).
3. Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multifactorial intervention.

The DH recommends a systematic approach to falls and fracture prevention and Age UK has a range of resources which explain the evidence base and benefits expected if programmes are put in place.

Local picture
The rate of admission for falls in Luton for people aged 65 and over is higher than the rate in Wolverhampton and slightly higher than the rate for England, but lower than all other comparator areas for Luton as shown in Figure 108.

Figure 108: Admissions for falls, aged 65 years and over, 2010/11.

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1. Multifactorial assessment may include the following: identification of falls history, assessment of gait, balance and mobility, and muscle weakness, assessment of osteoporosis risk, assessment of the older person’s perceived functional ability and fear relating to falling, assessment of visual impairment, assessment of cognitive impairment and neurological examination, assessment of urinary incontinence, assessment of home hazards, cardiovascular examination and medication review.
2. Multifactorial interventions commonly include; strength and balance training, home hazard assessment and intervention, vision assessment and referral, medication review with modification/withdrawal.
Figure 109 below shows the rate of injuries due to falls in males and females aged 65 and over in England, Luton and its comparator areas. The rate is lower than most comparators; however, the most recent data shows an increase for both males and females. The rate for males remains significantly below the England average whereas the female rate is now similar. There has been a similar increase in rate (31% increase) from 2010/11 to 2012/13 in those aged 65-79 years (133 to 174 per 100,000) and those aged 80 years and above (220 to 287 per 100,000).

Figure 109: Injuries due to falls in people aged 65 years and over.

Hip fractures in Luton for people aged 65 and above have increased from a rate of 455.84 per 100,000 in 2010/11 to 554.93 per 100,000 in 2012/13 (Figure 114). The 2012/13 rate is lower than the England average and lower than the rate in all the comparator areas but not significantly different. However, the 21% increase in hip fractures is the second largest behind Slough (29%).

The rate of hip fractures in Luton is significantly higher in older people aged 80 years and above (1,282 per 100,000) compared with those aged 65-79 (304 per 100,000). However, there has been a
A considerable increase in hip fractures for people aged 65-79 from 131.80 in 2010/11 to 304.27 in 2012/13 while the rate in people aged 80+ has decreased from 1395.58 in 2010/11 to 1281.82 in 2012/13.

Figure 110: Hip fractures in people aged 65 years and over.

What is being done locally?

The Luton Falls Service, provided by the Cambridge Community Services, accepts referrals from the ambulance service, clinical navigation team and Community matron. The service is available to all patients registered with a Luton GP and to patients living in Luton and registered with a Bedfordshire GP (this is a reciprocal arrangement with Central Bedfordshire Council).

The falls co-coordinator manages the falls care pathway. The pathway provides criteria for evidence-based interventions which aim to restore independence and reduce future injuries. The falls team:

- Provides a rapid intervention service between the hours of 08:00 and 22:00 for falls patients assessed by the ambulance service as being fit to remain at home.
- Works with other organisations including community teams, GPs, the Council and voluntary organisations to set up care, equipment and support for patients who have fallen or at risk of falling, with the aim of avoiding unnecessary hospital admissions.
- Completes a multi-factorial falls assessment for patients referred by the ambulance service who are not conveyed to the hospital.
- Provides training to other teams to ensure older people at risk of falls are identified and receive an appropriate assessment.
- Refers on to other professionals.

There is a consultant-led Falls and Syncope Clinic at Luton and Dunstable Hospital and they assess/treat any medical reasons for falls.

Active Luton provides Full of Life clubs and activity sessions for over 50s. There is a broad range of activities; table tennis, short mat bowls, badminton, line dancing, walking football and general group
fitness classes provided at High Town Community Sports and Arts Centre and Lewsey Sports Park and Pool. Activities are designed to maintain and develop mobility as well as providing social activity to reduce isolation.

**Perspective of the public/service users**
The Falls Service routinely collects information on patients who have used the service. Between January to April 2015, 31 patients responded to the Friends and Family Test; 77% said they would be extremely likely to recommend the service and 23% likely to recommend the service.

**Priorities**

1. Improve the coordination of falls prevention across Luton including the connecting social isolation and loneliness work.

2. Improve the prevention, identification and treatment of those at risk of a fall, by health and social care professionals including GP’s, District Nurses and Home Care staff.

3. Develop a community programme of muscle strength and balance for high risk groups in order to reduce the incidence of falls.
References


4 Skelton D, Todd C. What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? Copenhagen, WHO Regional Office for Europe Health Evidence Network. [Online]. 2004. Available from: http://www.euro.who.int/document/E82552.pdf
