

# Identifying Fall Risk Factors

As a primary healthcare provider, you are already aware that falls are a serious threat to the health and well-being of your older patients.

## Did you know?

- There were over 1,100 fall-related hospital admissions in 2017.
- The average length of stay in hospital due to a fall is 23 days.
- Each day in New Brunswick there are about 3 fall-related hospital admissions.

The more risk factors a person has, the greater their chances of falling. Healthcare providers can help lower a person's risk by addressing that individual's risk factors.

### Risk factors known to be associated with falls include:

Biological	Behavioral	Social & Economic	Environmental
<ul style="list-style-type: none"> <li>• Impaired mobility</li> <li>• Balance deficit</li> <li>• Gait deficit</li> <li>• Muscle weakness</li> <li>• Advanced age</li> <li>• Chronic illness / disability:                             <ul style="list-style-type: none"> <li>- Cognitive impairment</li> <li>- Stroke</li> <li>- Parkinson's disease</li> <li>- Diabetes</li> <li>- Arthritis</li> <li>- Heart disease</li> <li>- Incontinence</li> <li>- Foot disorders</li> </ul> </li> <li>• Visual impairment</li> <li>• Acute illness</li> </ul>	<ul style="list-style-type: none"> <li>• History of falls</li> <li>• Fear of falling</li> <li>• Multiple medications</li> <li>• Use of:                             <ul style="list-style-type: none"> <li>- Anti psychotics</li> <li>- Sedative/hypnotics</li> <li>- Antidepressants</li> </ul> </li> <li>• Excessive alcohol</li> <li>• Risk-taking behaviours</li> <li>• Lack of exercise</li> <li>• Inappropriate footwear/clothing</li> <li>• Inappropriate assistive devices use</li> <li>• Poor nutrition or hydration</li> <li>• Lack of sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Low income</li> <li>• Lower level of education</li> <li>• Illiteracy / language barriers</li> <li>• Poor living conditions</li> <li>• Living alone</li> <li>• Lack of support networks</li> <li>• Lack of social interactions</li> <li>• Lack of transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Poor building design and/or maintenance</li> <li>• Inadequate building codes</li> <li>• Stairs</li> <li>• Home hazards</li> <li>• Lack of:                             <ul style="list-style-type: none"> <li>- Handrails</li> <li>- Curb ramps</li> <li>- Rest areas</li> <li>- Grab bars</li> </ul> </li> <li>• Poor lighting or sharp contrasts</li> <li>• Slippery or uneven surfaces</li> <li>• Obstacles and other tripping hazards</li> </ul>

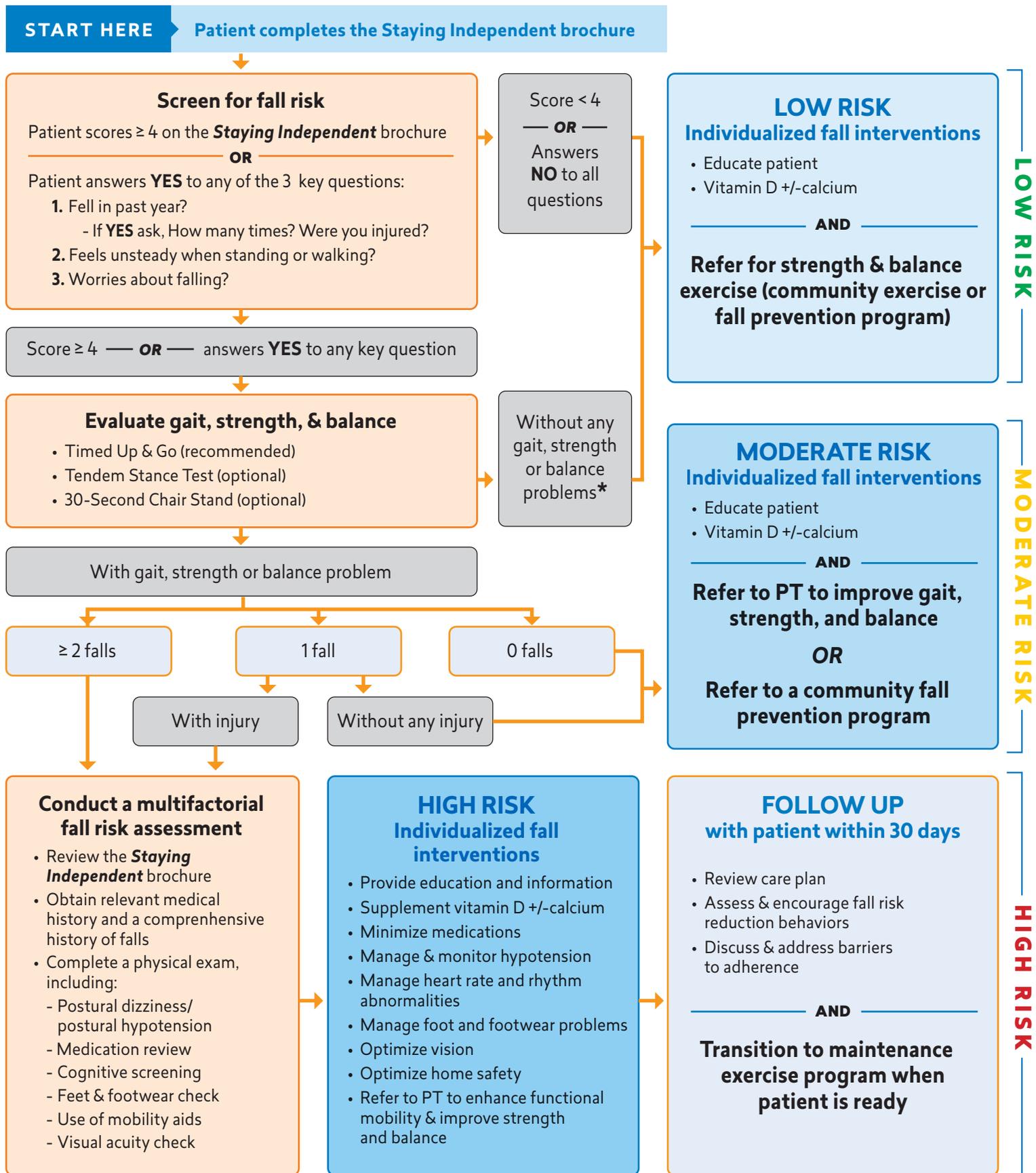
Table adapted from: Scott V, Dukeshire S., Gallagher E, Scanian A (2001). A Best Practice Guide for Prevention of Falls Among Seniors Living in the Community.

We encourage you to adopt a coordinated approach to implementing the American and British Geriatrics Societies' clinical practice guideline for fall prevention.

The **Algorithm for Fall Risk Screening, Assessment and Intervention** located on the other side of this page, outlines the recommended process to address fall risk factors of concern with your older patients.

However, your clinical judgement should also take into account the older person's ability or readiness to address their risk factors, the availability of family support and their preferences, in addition to their risk of falling.

# Algorithm for Fall Risk Screening, Assessment, and Intervention



\* For these patients, consider additional fall risk assessment (e.g. medication review, cognitive screen, syncope).

Adapted from the STEADI (Stopping Elderly Accidents, Deaths & Injuries) Algorithm for Fall Risk Screening, Assessment and Intervention. Developed by the National Centre for Injury Prevention and Control of the Centres for Disease Control and Prevention (CDC).