

Prevention of Falls in Older Adults

The US Preventive Services Task Force (USPSTF) has recently published recommendations for providing interventions to prevent falls in older adults.

Falls in Older Adults

Falls are the leading cause of injury in adults aged 65 years or older. A serious fall can result in decreased functional independence and quality of life. Hip fractures in particular are a serious consequence of falling that can be devastating in older adults. The risk of falling increases with age for many reasons, including overall weakness and frailty, balance problems, cognitive problems, vision problems, medications, acute illness, and other environmental hazards. There is currently no ideal instrument or calculator for primary care doctors to decide who is at greatest risk of falls. The best predictor for an increased risk of falls is a history of falls.

What Are Some Interventions Used to Prevent Falls?

The USPSTF looked at several interventions including exercise therapy (working on gait, balance, and muscle strengthening in the legs), vitamin D supplementation, and **multifactorial interventions**, which involved creating a customized plan based on individual risk assessment. Examples of things that could be addressed include balance and gait, psychological health, cognition, vision, environmental conditions, diet and nutrition, and medications. Some of these interventions were found to be helpful while others were not.

What Is the Patient Population Under Consideration for Providing to Prevent Falls?

This USPSTF recommendation applies to adults who are aged 65 years or older, who live in the community (not in a nursing home or other institutional care setting), and who do not have known osteoporosis or vitamin D deficiency.

What Are the Potential Benefits and Harms of Providing Interventions to Prevent Falls?

The potential benefit of providing interventions to prevent falls for older adults is a decreased rate of falls in those at higher risk, thereby decreasing rates of injury (including fracture) that result from falls. Current studies have not shown a direct link between interventions to prevent falls and rates of death from falls. Current evidence suggests that exercise therapy provides the most benefit for decreasing falls and injury from falls. Some multifactorial interventions did have a small benefit. Vitamin D supplementation was found not to be effective at preventing falls. Potential harms of interventions to prevent falls include injury (including falling itself) due to exercise therapy; however, this risk is small. There is also a potential harm of side effects such as kidney stones from high-dose vitamin D supplementation in older adults, but these are also rare.

How Strong Is the Recommendation to Provide Interventions to Prevent Falls?

The USPSTF found adequate evidence that exercise reduces the risk of falls by a moderate amount, so there is a moderate net benefit to offering exercise interventions to older adults for fall prevention. For multifactorial interventions, the net benefit is small. The USPSTF found adequate evidence that vitamin D supplementation has no net benefit for preventing falls in older adults.

Bottom Line: Current Recommendation for Providing Interventions to Prevent Falls

The USPSTF recommends exercise to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk of falls ("B" statement). The USPSTF recommends that clinicians selectively offer multifactorial interventions to prevent falls to community-dwelling adults aged 65 years or older who are at increased risk of falls ("C" statement). The USPSTF recommends against vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older ("D" statement).

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Population	USPSTF recommendation grade
 <p>COMMUNITY-DWELLING ADULTS</p> <p>Aged 65 y or older at increased risk of falls, without osteoporosis or vitamin D deficiency</p>	<p>B Exercise Recommended</p>
	<p>C Multifactorial Interventions Recommendation depends on the patient's situation</p>
	<p>D Vitamin D Supplementation Not recommended</p>

FOR MORE INFORMATION

www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/falls-prevention-in-older-adults-interventions1

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