

Falls: the assessment and prevention of falls in older people

Understanding NICE guidance – information for older people, their families and carers, and the public

November 2004



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A version in English and Welsh is also available, reference number N0762. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0762. The NICE clinical guideline on which this information is based, 'The assessment and prevention of falls in older people', is available from the NICE website (www.nice.org.uk/CG021NICEguideline). A quick reference guide for healthcare professionals is also available from the website (www.nice.org.uk/CG021NICEquickrefguide), and the NHS Response Line, reference number N0760.

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has issued to the NHS on falls. It is based on 'Falls: the assessment and prevention of falls in older people', which is a clinical guideline produced by NICE for doctors, nurses and others working in the NHS in England and Wales. Although this information has been written chiefly for people who are at risk of a fall and their families, it may also be useful for those who care for people at risk of a fall and anyone interested in the care of older people or in healthcare in general. Please note that the word 'carer' is used in this booklet to mean someone who cares for an older person but is not paid for doing so.

Clinical guidelines

Clinical guidelines are recommendations for good practice. The recommendations in NICE guidelines are prepared by groups of health workers, lay representatives with experience or knowledge of the condition being discussed, and scientists. The groups look at the evidence available on the best way of treating or managing a condition and make recommendations based on this evidence.

There is more about NICE and the way that the NICE guidelines are developed on the NICE website (www.nice.org.uk). You can download the booklet *The guideline development process – an overview for stakeholders, the public and the NHS* from the website, or you can order a copy by phoning the NHS Response Line on 0870 1555 455 (quote reference number N0472).

What the recommendations cover

NICE clinical guidelines can look at different areas of diagnosis, treatment, care, self-help or a combination of these. The areas that a guideline covers depend on the topic. They are laid out in a document called the scope at the start of guideline development.

The recommendations in the NICE guideline on falls cover older people who live in the community, either at home, in a retirement complex, or in a residential or nursing home. In this guideline, an older person is defined as someone who is aged 65 or older. The NICE guideline doesn't cover older people who are bed bound or who are in hospital for reasons other than treatment after a fall. Also, it does not look at the prevention and treatment of osteoporosis, which will be covered in another NICE guideline that is expected to be published

in June 2005 (see the NICE website www.nice.org.uk for an update on this guideline).

The information that follows tells you about the NICE guideline on falls. It doesn't attempt to explain the risks or the different forms of help available in detail.

If you have questions about the specific issues covered, talk to your nurse or doctor (or another health professional or practitioner, depending on what it is you want to know).

How guidelines are used in the NHS

In general, health professionals and practitioners in the NHS are expected to follow NICE's clinical guidelines. But there will be times when the recommendations won't be suitable for someone because of his or her specific medical condition, general health, wishes or a combination of these. If you think that the treatment or care you receive does not match the treatment or care described in the pages that follow, you should talk to your nurse, doctor, or other health professional or practitioner involved in your treatment.

If you want to read the other versions of this guideline

There are four versions of this guideline:

- this one
- the NICE guideline, 'Falls: the assessment and prevention of falls in older people' (NICE Clinical Guideline 21)
- a short version of the NICE guideline (a 'quick reference guide'), which has been distributed to people working in the NHS
- the full guideline, which contains all the details of the guideline recommendations, how they were developed and information about the evidence on which they were based.

All versions of the guideline are available from the NICE website (www.nice.org.uk). This version and the quick reference guide are also available from the NHS Response Line – phone 0870 1555 455 and give the reference number(s) of the booklets you want (N0761 for this version, N0762 for this version in English and Welsh, and N0760 for the quick reference guide).

Falls and older people

Falling is not an inevitable result of ageing, but the risk of falling increases as people get older. Falling and the fear of falling can make older people lose confidence in carrying out their normal activities. And, although most falls don't cause serious injury, a fall can cause a broken bone, which may be difficult to recover from. The NICE guideline makes recommendations about how your doctor and other healthcare professionals should assess your risk of falling and help you avoid having a fall.

You and your carer should be fully informed about your care and be involved in decisions about your care. The healthcare team that looks after you should respect and take into account your knowledge and experience, especially if you have been at long-term risk of falling and have been managing this risk yourself.

All healthcare professionals involved in helping people avoid falls should have been taught about assessing a person's risk of falling and the ways of preventing falls.

Assessing the risk of a fall

If you're 65 or older, your health professional or practitioner should regularly ask whether you've had a fall in the past year. And if you've had a couple of falls, you should see your doctor anyway, even if you feel okay.

This is because someone who has already had a fall is more likely to fall in the future. But there are ways of helping a person avoid having a fall so they can feel more confident in their daily lives, and perhaps live independently for longer.

If you've had a fall, your health professional or practitioner should ask if you've fallen more than once, and if so, how many times. You should also be asked about the circumstances of your fall or falls and what exactly happened.

Checking balance and walking

If you have had a fall or you appear to be at risk of having one (maybe your balance or your walking doesn't seem quite right), your balance and walking should be checked. This may involve one or more simple tests to see if your balance or walking could be improved in some way.

Having a 'falls risk assessment'

You should be offered a 'falls risk assessment' if you go for a check-up or treatment because you've had a fall, if you have had several falls or if you have problems with your balance or walking. If you agree to it, the assessment should be carried out by a healthcare professional with training and experience in this area; you may be asked to go to a specialist clinic (or 'falls service') for it.

In a falls risk assessment, the healthcare professional is trying to uncover anything that might make you more likely to have a fall and to see whether there are specific things that can be done to help you. Part of the assessment should be talking about what would particularly help you.

The falls risk assessment may include:

- discussions about the fall or falls you've already had – what caused you to fall and what happened
- checks on your walking, balance and mobility, and muscle weakness
- checks on whether you are at risk of osteoporosis (osteoporosis will be covered by another NICE guideline – see page 4 for more information)
- checking on how you feel about getting around and doing things and any fear of falling you might have
- checking to see if you have a problem with your eyesight
- tests on how well your body's nervous system is working and whether you have problems with your memory
- checks on whether urinary incontinence is causing problems

- checks on whether there are things in your home that may be a hazard
- looking at the medicines you take
- checks on your heart and blood pressure.

The falls risk assessment should be done as part of an overall plan of action (sometimes called a multifactorial intervention) to help you avoid falls.

Reducing the risk of a fall

Having an overall plan for avoiding falls

If the assessment shows that you are at risk of having a fall or have already had a lot of falls, your health professional or practitioner should talk to you about whether you need to have an overall plan of action for reducing the likelihood of a fall happening. The plan should be worked out with you to help you meet your goals. For example, your plan may include:

- having a check of your home for hazards and help to put right any problems identified (see page 13)
- exercises to help with your strength and balance (see page 14)
- having your eyesight assessed (and being referred if needed)
- looking at the medicines you take to see if changes are needed (see page 15).

For some of this, you may be referred to different health professionals or practitioners for specialist help and advice.

If you've been injured through a fall

If you've been injured through a fall, you should be offered an assessment of your risk of having another fall and the type of help that might stop this happening. You should also be offered help, designed especially for you, to make sure you keep your independence as far as possible and to help improve your movement and confidence.

Being safe at home

You should be offered a home hazard assessment if you have had several falls or have been assessed as having an increased risk of falling. You should also be offered a home hazard assessment if you've been in hospital for treatment as a result of a fall. The assessment is usually organised when the arrangements are being made for you to leave hospital. The timescale for doing it should be agreed with you in advance so you know when it's going to happen.

The home hazard assessment should be carried out by a suitably trained health professional or practitioner who will visit your home and check for anything that might put you in particular danger of having another fall. If they think that having modifications made to some of your

household items or having special equipment might help you avoid a fall, you should be offered this.

A home hazard assessment is effective only when it is followed up and appropriate action is taken, and not when it is just done on its own.

Exercise

Exercises especially for you

Special exercises can help to build up strength in the muscles and improve balance. These can make a person steadier on their feet and less likely to fall. They are likely to be particularly helpful to older people living at home who've already had one or more falls or who have problems with their balance or the way they walk. If this is you, you should be offered a programme of these exercises especially designed for you. This is sometimes called 'strength and balance training'. A suitably trained health professional or practitioner should get you started with the exercises and should check how you are getting on with the programme.

People in nursing or residential homes

Exercises as part of an overall plan can help prevent falls among people at risk of falling who live in nursing or residential homes. But exercises on their own are not enough to prevent falls in these people.

Stopping certain medicines

Certain medicines can make a fall more likely – these are known as psychotropic medicines, and they include antidepressants, tranquillisers and sleeping tablets. If you take one or more of these types of medicine, you and your doctor should discuss how much they help you and whether you could stop taking them.

Fainting, blackouts and unexplained falls

If you have the medical condition called cardioinhibitory carotid sinus hypersensitivity (see box) and you have had some falls that can't be explained (you don't remember falling over something or tripping), your doctor should think about whether a pacemaker might help you. A pacemaker is a small battery-driven device that is implanted under the skin.

What is cardioinhibitory carotid sinus hypersensitivity?

Normally, if there's not enough blood getting to the head because blood pressure is low or the heart beat is slow, a person can faint and fall down. Because the person is now on the ground, the blood pressure improves and the heart beat increases and the person comes round.

In the medical condition called cardioinhibitory carotid sinus hypersensitivity, the carotid gland in the neck is oversensitive and causes low blood pressure and slow heart rate during movement such as rapidly turning the head or rapidly looking upwards. The person becomes dizzy or blacks out. The person may be unaware of what's happening and may simply think that they have had a fall. This is why it's important that you are asked about the circumstances of a fall and what actually happened.

Helping you to help yourself

You should be given all the relevant information you need to help you take part in discussions and decisions about how you can best reduce the chance of a fall. If you need information in a language other than English, it should be provided. Also, you and your doctor or other health professional or practitioner should talk about the changes you'd be willing to make to reduce your risk of falling. This is so that your final plan of action (see page 12) doesn't include anything you're not happy with.

Your health professional or practitioner should also discuss with you anything that may be stopping you from making changes. For example, you may feel that you don't want to exercise because you're scared of falling. Your health professional or practitioner should help you get around any fears that are holding you back.

Activities set out as part of your plan should suit your needs and interests. You should discuss this with your doctor or other health professional or practitioner. Also, you might like to join a class or group – for example, for exercises. The social side to some group activities can make them more enjoyable. It is important to talk about these things when working out your plan.

Things that are not recommended for reducing the risk of falling

NICE guidelines are based on the best evidence available. When forming a recommendation, the people responsible for developing the guideline look for good-quality published studies in the area. For the prevention of falls, there were some things on which there were few or no studies showing that they generally reduced the risk of older people having a fall.

No evidence

There is no evidence that brisk walking reduces the risk of falling. There is some evidence that a programme of brisk walking without supervision could actually increase the risk of falling in older women who have had an upper limb fracture (such as a broken arm or wrist) in the past year. (However, there may be other benefits from brisk walking in older people.)

Not enough evidence

The things that cannot be recommended at present because there isn't enough evidence are as follows:

- Light exercise combined with a programme to help with incontinence in people living in residential or nursing homes.
- Group exercises that haven't been individually prescribed for people living at home (although exercise in groups can be useful as part of general health promotion).
- Actions that focus on helping older people living at home change unhelpful patterns of thinking and behaving, where their risk of falling isn't known. These actions are known as cognitive behavioural interventions and include education, advice and special activities to try and increase confidence and reduce the risk of falling.
- Referring older people living at home for help if there's a problem with their eyesight when it's the only step taken to help prevent a fall.

- There is evidence that many older people don't have enough vitamin D, which could cause them to lose some muscle strength. But at the moment it is not clear whether taking a vitamin D supplement would help reduce falls and fractures. Guidance on using vitamin D for fracture prevention will be provided in the NICE osteoporosis guideline (see page 4 for more information).
- Wearing a hip protector has not been shown to reduce the risk of fractures among older people. Hip protectors are worn over the hips and are designed to cushion the area if the wearer falls. There is some evidence that hip protectors are helpful for older people at high risk of injuring their hip who live in residential or nursing homes.

Getting information about preventing falls

If you are at risk of having a fall, your health professional or practitioner should talk to you and your family members or carers and offer you written information about:

- what to do to help prevent falls
- how to keep motivated with the changes you are making or any actions you have decided to take (for example, if you're following an exercise programme)
- how some types of fall can be prevented
- the benefits of reducing your risk of falling, which could include keeping your independence for longer
- where you can go for further help and advice
- how to cope if you have a fall – how to call for help and avoid lying on the floor for a long time.

There will be times when you'll need particular information about your risk of falling, for example, if you're going home after being in hospital or moving from one place where you are being cared for to another. Healthcare professionals should make sure you get the information you need. Information should also be available in other languages if the person or their carer needs a translated version.

Further information

If you need further information about any aspect of falls prevention or assessment or the care that you are receiving, please ask your doctor, nurse or other health professional or practitioner. You can discuss this information with them if you wish, especially if you aren't sure about anything. They will be able to explain things to you. NHS Direct may also be helpful – phone 0845 4647 or visit the NHS Direct website (www.nhsdirect.nhs.uk).

In England, the Department of Health has also looked at falls as part of the National Service Framework for Older People. You can find out more about this on the Department of Health's website. Go to www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ and look under 'Older People's Services'. The specific section that talks about falls is 'Standard six'.

For further information about NICE, the Clinical Guidelines Programme or other versions of this guideline (including the sources of evidence used to inform the recommendations for care), you can visit the NICE website (www.nice.org.uk).



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