Bristol Community Health

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NICE (2013) guideline

Older person should be asked on contact if they have **fallen in the last year** and have a **multifactorial falls risk assessment (MFRA)** if

- Presenting with single fall requiring medical attention
- 2 or more falls in past year
- difficulties with walking or balance

What is a fall?

unintentionally coming to rest on the ground, floor or other lower level (NICE 2013)

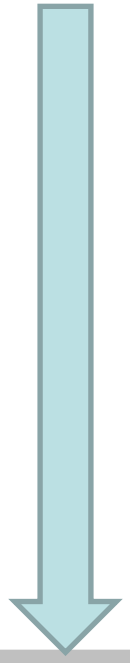
- a symptom or alert
  - may be first presentation of frailty or dementia

Falls is one of the frailty syndromes

Multifactorial risk assessment = Holistic Assessment

- Detailed questioning about the fall/ loss of balance
- Consider all risk factors
- Physical assessment of walking, transfers and functional tasks
- Summarise cause of falls
- Management plan and onward referrals

Shared decision making



Sudden unexplained fall?

- Needs medical assessment

How would you know?

How would you know?

- Sense of feeling faint or light-headed
- “Legs went weak” “vision blurred”
  (Often sign of postural drop in BP)
- Injury type
- Unable to account for fall, found self on floor
- Witness account
- Pulse?

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Clues to postural BP drop

- Cerebral hypoperfusion
  - Light head
  - Visual distortion
  - Temporary cognitive defect
- Muscle Hypoperfusion
  - Pain in coathanger region when upright but not flat
- Other
  - Pass more urine at night
  - Always positional
  - Hyperventilation on standing

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Types of dizziness

- Presyncope
- Vertigo
- Dysequilibrium
- Other
    - cerebrovascular disease (muzzy)
    - cervical spondylosis (various)

Clarify what patient feels

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Dysequilibrium

- Balance dysfunction
- A sense of unsteadiness
- “Thought I was going to fall”
- “Dizziness in the legs”

Maintaining balance

- Central processing
- Hearing and vision

- Leg muscles (especially quadriceps)

- Proprioception
  - neck
  - hips
  - knees
  - ankles

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Risk factors for falls

- Intrinsic risk factors- e.g. balance, strength, morbidities, peripheral neuropathy, problem solving, risk taking, planning, reaction times, central processing, mental illness
- Extrinsic risk factors- e.g. environment, shoes, alcohol, lighting, uneven surfaces, camber.
- Precipitating causes- e.g. multitasking, rushing to get to toilet or answer phone, reaching too far, mobilising without an appropriate aid

Culprit medications

https://www.rcplondon.ac.uk/guidelines-policy/fallsafe-resources-original

- Drugs acting on the brain

  -includes sedatives, allergy, urinary dysfunction
- Drugs acting on the heart and circulation
- Drugs causing hypoglycaemia

NB beware overtreatment of hypertension resulting in postural hypotension

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Signposting

- Advice (pendant alarm, optician, hearing aid, fluid intake, chiropodist).
- Services for basic equipment (eg zimmer frame, stick, trolley, commode/bottle)
- Care Direct or Care and Repair (steps, ramps, stair rail, grab rails).
- Staying steady exercise groups

Further assessment

- GP- includes bloods screen, BP , pulse
- ENT for BPPV/ vestibular physiotherapy
- Care of elderly clinic – medical assessment of
  - Patients with suspected syncope.
  - Patients with dizziness.
  - Patients with unexplained / recurrent falls.
  - Patients with falls requiring complex medication modifications
- Admission prevention clinics
- Falls clinic

Community services include

- Community therapy, including intensive input
- MSK and outpatient physiotherapy
- Rapid response (acute management caused by being unwell or acute injury from a fall)
- Council – eg OT, assistive technology and reablement
- Specialist housing
- Falls Specialist -referral or advice
- Community nursing teams
- Podiatry and chiropody
- Bladder and bowel service
- Optometrists – can be at home if housebound
- Voluntary sector