

Preventing falls in older people

<http://publications.nice.org.uk/ifp161>

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about preventing falls in older people that is set out in NICE clinical guideline 161.

All of the treatment and care that NICE recommends is in line with the NHS Constitution (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>). NICE has also produced advice on improving the experience of care for adults using the NHS. For more information, see 'About care in the NHS' on our website (www.nice.org.uk/nhscafe).

This is an update of advice on falls that NICE produced in 2004, to include advice on avoiding falls during a hospital stay.

Does this information apply to me?

Yes, if you are:

- aged 65 or over
- aged between 50 and 64, in hospital and been judged by a healthcare professional to be at higher risk of falling because of an underlying condition.

Falls and older people

The risk of falling increases with age, although not all people fall when they get older. Someone who has already had a fall is more likely to fall again in the future. Falling and the fear of falling can make older people lose confidence in going about their day to day activities, and may affect their independence. And although most falls don't result in serious injury, some cause broken bones, which may be difficult to recover from.

The NICE guideline makes recommendations on how your doctor and other healthcare professionals should assess your risk of falling and help you to avoid having a fall. The advice from NICE covers:

- how to prevent falls for all people aged 65 and over who are living in their own home, or in a residential or nursing home
- how to prevent falls during a hospital stay for all people aged 65 and over, as well as for people aged between 50 and 64 who are judged as being at higher risk of falling because of an underlying condition.

Your healthcare team

The care described may be provided by a range of healthcare professionals. These could include your GP, specialist doctors, nurses, occupational therapists, physiotherapists, psychologists and others. All healthcare professionals involved in helping people to avoid falls should know how to assess a person's risk of falling and about the ways of preventing falls

A member of your healthcare team should talk with you about your risk of falling and how to avoid falls, and explain any tests and care you receive in detail. You should have the opportunity to ask any questions you have – there is a [list of questions](#) you might like to ask to help you with this.

Some care described may not be suitable for you, depending on your exact circumstances. If you think that your care does not match this advice, talk to your healthcare team.

Assessing your risk of falling

If you are 65 or older, when you see a healthcare professional they should routinely ask you whether you have had a fall in the past year. If you have fallen, they should ask you how many times this has happened, what caused the fall and what happened when you fell.

Checking balance and walking

If you have had a fall or you are at risk of having one, 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.

Having a 'falls risk assessment'

You should be offered a 'falls risk assessment' if you go for a check-up or treatment because you have had one or more falls, or if you have problems with your balance or walking. This assessment aims to uncover anything that might make you more likely to fall and to see whether there are specific things that can be done to help you.

The assessment should be carried out by a healthcare professional with training and experience in helping people to avoid falls. You may be asked to go to a specialist clinic (or 'falls service') for it.

The assessment may include:

- talking with you about any falls you have already had – what caused you to fall and what happened
- asking how you feel about getting around and doing things, and if you have a fear of falling
- checks on your walking, balance and mobility, and whether you have any muscle weakness
- checking whether you have any problems with your eyesight
- testing whether you have problems with your memory and how well your nervous system is working

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- checking whether you have problems with bladder control (urinary incontinence)
 - checks on your heart and blood pressure
 - looking at any medicines you take
 - checks to see if you are at risk of osteoporosis (a condition in which bones become fragile and break easily)
 - checks on whether there are things in your home that may make you more likely to fall.

The falls risk assessment should be done as part of a plan to help you avoid falls.

Reducing your risk of falling

Having a plan for avoiding falls

Your healthcare professional should talk with you about whether you would benefit from having a plan for reducing the likelihood of you falling if:

- the falls risk assessment shows that you are at risk of having a fall **or**
- you have already had more than one fall.

The plan should be worked out with you to help you meet your goals. For example, it may include:

- help with fixing any problems in your home that may make you more likely to fall (see [Being safe at home](#))
- exercises to improve your strength and balance (see [Exercise](#))
- having your eyesight checked (and being referred for more tests if needed)
- looking at whether any of your medicines should be changed (see [Stopping certain medicines](#)).

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

If you have been injured because of a fall

If you have been injured because of a fall, you should be offered an assessment of your risk of having another fall. You should also be offered personalised help to reduce the risk of you falling again. The aim of this is to help you to keep your independence as far as possible and to improve your movement and confidence.

Being safe at home

You may be offered a 'home hazard assessment' if you have an increased risk of falling or have had several falls.

You should be offered a home hazard assessment if you have been in hospital for treatment because of a fall. The assessment will usually be organised when you are getting ready to leave hospital, and should be carried out at a time that has been agreed with you in advance.

The home hazard assessment should be carried out by a suitably trained healthcare professional, who will visit your home and check for anything that might put you in particular danger of having a fall. If they think that making changes in your home (for example, changing the layout of your furniture) or having special equipment might help you to avoid a fall, you should be offered this.

Exercise

Exercises especially for you

Special exercises (sometimes called 'strength and balance training') can help to build up muscle strength and improve balance. These can make a person steadier on their feet and less likely to fall. They can be particularly helpful for older people who have already had one or more falls, or who have problems with balance or walking. If you are offered these exercises, they should be designed especially for you. A suitably trained healthcare professional should get you started with the exercises and check how you are getting on with them.

People in nursing or residential homes

Exercises as part of a plan for preventing falls can help people at risk of falling who live in nursing or residential homes.

Stopping certain medicines

Certain medicines can make a fall more likely. If you take one or more of these medicines, your doctor should talk with you about how much they help you and whether you could stop taking them.

Cardioinhibitory carotid sinus hypersensitivity

The medical condition known as cardioinhibitory carotid sinus hypersensitivity can cause dizziness and fainting. If you have this condition and have had some falls, but you don't remember why you fell, your specialist should think about whether a pacemaker might help you. A pacemaker is a small battery-powered device that is implanted under the skin and helps to keep your heart beating regularly.

Information about preventing falls

If you are at risk of falling, your healthcare professional should talk about this with you (and with your family members or carers if you agree), and offer you written information. This should cover the following:

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

Helping you to help yourself

You should be given all the 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. Your healthcare professional should also talk with you about the changes you would be willing to make to reduce your risk of falling. This is so that your final plan doesn't include anything that you are not happy with.

Your healthcare professional should also discuss with you anything that may be stopping you from making changes. For example, you may not want to exercise because you are scared of falling. They should help you to deal with any concerns that might be holding you back.

Activities set out in your plan should suit your needs and interests. You should discuss this with your healthcare professional. You might like to join a class or group, such as an exercise group, as 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.

Avoiding falls during a hospital stay

For people in hospital, a combination of their health problem and the unfamiliar surroundings can make them more likely than usual to fall.

The advice from NICE about avoiding falls during a hospital stay applies to all people aged 65 and older. It also applies to people aged between 50 and 64 who are judged to be at higher risk of falling because of an underlying condition.

Assessing and reducing your risk of falling in hospital

Hospital staff should make the hospital as safe as possible so that people are less likely to fall. This includes looking at things like flooring, lighting, furniture and fittings (such as hand holds) in wards, toilets and other parts of the hospital.

You may be offered an assessment of your risk of falling in hospital, which aims to identify things that might make you more likely to fall. These could include:

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- whether you have fallen in the past, what caused this and how it has affected you – for example, if you were hurt, or if it has made you worried about falling again
 - the medicines you are taking
 - any problems with balance or walking
 - whether your footwear is suitable
 - problems with bladder control
 - poor eyesight
 - problems with memory or understanding
 - if you have a condition called syncope (fainting that is caused by a brief reduction in blood flow to the brain)
 - any other health problems that may increase your chances of falling.

After the assessment, healthcare professionals may suggest a plan to reduce your chances of falling during your hospital stay. The plan should look at your particular needs, and should aim to help with any problems that have been found. For example, your medicines might be changed, or you may be offered footwear that fits better, or help with going to the toilet.

Information about preventing falls in hospital

If you are at risk of falling in hospital, a healthcare professional such as a nurse, physiotherapist or occupational therapist should talk with you and (if you agree) your family and carers about this. They should also provide written information that is suitable for you. They should:

- show you how to use the nurse call system, and encourage you to use it when you need help
- explain about the things that may make you more likely to fall in hospital
- encourage you to be involved in decisions and actions to help reduce your risk of a fall
- explain about when you should ask for help before getting up or moving about

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- tell your family and carers about when bed rails might be used, and how to raise and lower them.

Questions to ask about preventing falls

These questions may help you discuss your care with your healthcare team.

General

- Why have you offered me an assessment of my risk of falling?
- What can I do to avoid falls?
- How might changing my medicines help to reduce my risk of falling?
- How do problems with bladder control make me more likely to fall?
- What types of medical conditions might increase my risk of falling?
- What might cause me to faint or black out?
- Why are you suggesting that I see a psychologist?
- Where can I get further help and advice about preventing falls?

Avoiding falls at home and in your everyday life

- What changes can be made to reduce my risk of falling and help me keep my independence?
- Is there anything in my home that might put me in danger of falling? Would changing the arrangement of my furniture help?
- How will doing exercises help?
- How often should I do the exercises?
- Is there an exercise class I can join?
- How do I get up off the floor if I do fall?

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- How do I get help if I've fallen, for example if I can't get up?
 - Who should I tell if I have had a fall at home or when I'm out and about?

Avoiding falls in hospital

- Why do you think I am at risk of falling in hospital?
- Do you have any information about how I can reduce my risk of falling during my hospital stay?
- When should I ask the nurses for help?
- How does the nurse call system work?
- Why do I need a bed rail?
- Will I get advice on avoiding falls when I'm discharged from hospital?

For family members, friends or carers

- Is there anything I can do to help my relative or friend to avoid falls?
- Who should I contact if my relative or friend falls?

Sources of advice and support

- Age UK, 0800 169 6565
www.ageuk.org.uk/health-wellbeing/keeping-fit/preventing-falls/
- Alzheimer's Society, 0300 222 11 22
www.alzheimers.org.uk
- National Osteoporosis Society, 0845 450 0230 or 01761 472721
www.nos.org.uk
- The Relatives & Residents Association, 020 7359 8136
www.relres.org

You can also go to NHS Choices (www.nhs.uk) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

- Assessing the risk of osteoporosis-related fractures. NICE clinical guideline 146 (2012). See <http://guidance.nice.org.uk/CG146>
- Experiencing good NHS care: what you can expect. NICE clinical guideline 138 (2012). See <http://guidance.nice.org.uk/CG138>
- Hip fracture in adults. NICE clinical guideline 124 (2011). See <http://guidance.nice.org.uk/CG124>

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