

Seniors face risk of falling

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Wed, Jan 25, 2012

According to the CDC (Centers for Disease Control and Prevention), “each year, one in every three adults age 65 and older will fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. Fortunately, falls are a public health problem that is largely preventable.”

The American Geriatrics Society now regards falling to be as serious a potential health problem for people over the age of 65 as are heart attacks and strokes.

Falling has become the most common cause for traumatic brain injury in seniors. Falls also are the primary cause of “fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand” for seniors, according to the CDC.

In 2008, 82% of all the deaths as a result of a fall involved seniors. Men are almost twice as likely to die from a fall, but women are more likely to suffer a very serious, non-fatal injury -- probably due to women generally having more osteoporosis than men.

For a person over age 70, a broken hip can lead to a 12-20% chance of dying within 3 months, and a 50% chance of losing one level of independence; meaning if you are already using a walker, you will likely need to be in a nursing home.

The CDC estimates that approximately \$28.2 billion health care dollars were spent in 2010 on fall related health care.

Unfortunately, less than half the number of seniors who have recently fallen will voluntarily talk to their healthcare providers about it. As a result, medical professionals are now supposed to ask seniors about any falls they may have had recently and to otherwise assess their patients’ ability to walk safely. This has become such an important wellness factor that we physicians even have a special computerized documentation code to report that we did evaluate this issue when filing our Medicare claims.

The American Geriatrics Society has established guidelines to help reduce the chances of seniors falling. These guidelines include:

- 1.) Exercise to improve overall strength, balance, and gait,
- 2.) Modification of the home to reduce potential tripping or falling dangers,
- 3.) Medical evaluation of sleep medication and antidepressant dosages, and
- 4.) Cardiac evaluation for low blood pressure, heart rate, and heart rhythm.

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Make sure you have plenty of calcium and vitamin D in your daily diet. This will help you maintain healthier bones.

Establishing and maintaining a regular walking program can be very beneficial in maintaining overall fitness, especially if a personal light weight exercise program is included. Tai Chi training is also excellent in improving strength and balance.

Talk to your doctor or pharmacist about your medications to learn which ones are more likely to affect your ability to be aware of your surroundings. Many older patients see more than one doctor on a regular basis, and also take a number of over the counter supplements. These combinations may lead to dizziness, loss of balance, and even muscle weakness. This makes it very important to have a “medical home” with your primary care physician. If you feel one or more of the medicines and supplements you are taking might be a problem, ask your doctor to re-evaluate the medicines, dosages, or the time of day when you take them.

See your eye specialist at least once a year. If you are developing cataracts or if you are diabetic, consider having your eyes checked by an ophthalmologist more frequently. If you primarily use bifocals or trifocals, you might be safer to also have one pair of distance glasses to use when walking.

Many seniors can start having trouble seeing steps, curbs, and other walkway hazards when wearing bifocals.

Suggestions for improving home safety for seniors will be the topic of my next article.

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