Falls

Don’t mention the ‘F’word...

Case study

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Mr Ying – 84 year old man

- accompanied by son to clinic visit
- previously outgoing + social
- recently limiting outside activities

**symptoms:**
- *dizziness – standing, often needs to ‘catch’ himself on furniture*
- *intermittent, several times/week*
• no recent changes to medication or routine to explain symptoms
• no pattern to symptoms; any time
• no focal neurovascular symptoms
• has fallen three times, superficial bruising, no A&E attendances or significant injuries…yet!
• son notices is ‘teetering’ and more unsteady; requires help with bathing
• *elderly neighbour recently fell and is now in a nursing home; is fearful this may happen to him*
Past medical history

- Hypertension
- Chronic LBP, L3-5 spinal stenosis
- Depression
- Hyperlipidaemia
- BPH
- Gastrooesophageal reflux
- B12 deficiency
- Glaucoma
Valsartan 80mg od
Atorvastatin 40mg nocte
Tamsulosin MR 400mcg od
Finasteride 5mg od
Citalopram 40mg od
B12 injections
Omeprazole 20mg od

Gabapentin 300mg tds
Loratadine 10mg od
Co-Codamol ii qds/prn
Cosopt 2% drops bd
Latanaprost 0.0005% nocte
• Thin, alert, flat affect
• BMI 19
• BP 135/76, HR 69 – sitting
• BP 112/75, HR 76 – standing
• HS – NAD, carotids normal
• ECG – SR
• Neuro – no focal signs
• Visual acuity – impaired LE > RE
• Gait:
  • Slow, shortened stride
  • Mild bradykinesia, no tremor
• Standing:
  • Feet together – 10 seconds – ok
  • Semi-tandem stance – loses balance after 3 seconds
Risk factors

- Gait
- Strength
- Balance impairment
- Fear of falling/loss confidence

- Currently taking two sedating medications:
  - Loratadine
  - Gabapentin

- Orthostatic hypotension

- Poor vision
- Nocturia/incontinence
- Depression
- Living alone
Questions

Risk factors for falls among the elderly include all of the following except:

A. a history of falling  
B. an elevated Vitamin D level  
C. use of benzodiazepines  
D. cognitive impairment  
E. arthritis
Interventions shown to reduce the risk of falling among elderly in the community include:

A. Vitamin D supplementation
B. Tai Chi
C. Home hazards assessment by a health care professional
D. All of the above
Questions

Factors which *increase risk of falling* include all of the following *except*:

A. *Use of an assistive device to ambulate*
B. *Postural hypotension*
C. *Peripheral neuropathy*
D. *Osteoarthritis*
Evaluation of an older adult who has fallen should include all of the following except:

A. The practitioner caring for the patient should be notified
B. A medication review should be conducted
C. As post-fall assessment should be undertaken
D. Patient should be placed on bed rest
Case study - recommendations

Rationalise medications

- Reduce/stop
  a) Valsartan
  b) Gabapentin

- Stop
  a) Loratadine
  b) Tamsulosin

Counsel on self management of orthostatic hypotension

- Drink 6-8 glasses water/day
- Do calf pumps + hand clenches for a minute before standing
- Give leaflet ‘Postural Hypotension: What It Is and How to Manage It’
Case study - recommendations

Other measures...

1) consider Vitamin D 1,000 IU to help optimise muscle strength
2) Optician review to improve vision/ acuity
3) refer for physical therapy + gait assessment – to improve balance and increase leg strength
4) recommend night lights and/or leaving bathroom lights on overnight
5) installing hand rails in bathroom and hallway