NICE National Institute for Health and Care Excellence

NICE Pathways

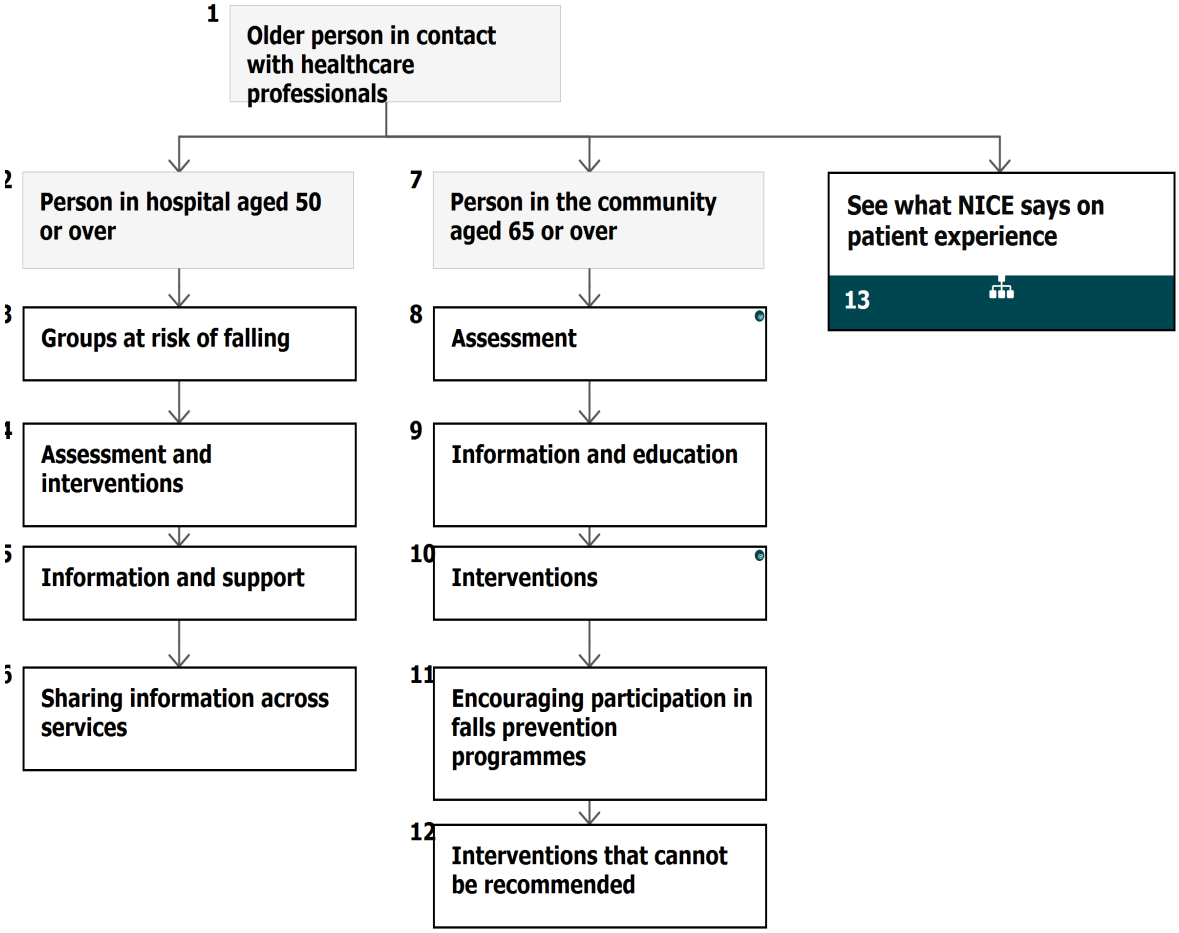
Preventing falls in older people overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/preventing-falls-in-older-people
NICE Pathway last updated: 25 September 2017

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Older person in contact with healthcare professionals

No additional information

2 Person in hospital aged 50 or over

No additional information

3 Groups at risk of falling

Regard the following groups of inpatients as being at risk of falling in hospital:

- all patients aged 65 years or older
- patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition.

Do not use fall risk prediction tools to predict inpatients' risk of falling in hospital.

4 Assessment and interventions

Ensure that aspects of the inpatient environment (including flooring, lighting, furniture and fittings such as hand holds) that could affect patients' risk of falling are systematically identified and addressed.

For patients at risk of falling in hospital, consider a multifactorial assessment and a multifactorial intervention.

Ensure that any multifactorial assessment identifies the patient's individual risk factors for falling in hospital that can be treated, improved or managed during their expected stay. These may include:

- cognitive impairment
- continence problems
- falls history, including causes and consequences (such as injury and fear of falling)
- footwear that is unsuitable or missing
- health problems that may increase their risk of falling
- medication

- postural instability, mobility problems and/or balance problems
- syncope syndrome
- visual impairment.

Ensure that any multifactorial intervention:

- promptly addresses the patient's identified individual risk factors for falling in hospital and
- takes into account whether the risk factors can be treated, improved or managed during the patient's expected stay.

Do not offer falls prevention interventions that are not tailored to address the patient's individual risk factors for falling.

For more information on reviewing medicines, see NICE's recommendations on medicines optimisation.

See also NICE's recommendations on assessing the risk of fragility fracture in people who may have osteoporosis.

NICE has published a medtech innovation briefing on QTUG for assessing falls risk and frailty.

5 Information and support

Provide relevant oral and written information and support for patients, and their family members and carers if the patient agrees. Take into account the patient's ability to understand and retain information. Information should include:

- explaining about the patient's individual risk factors for falling in hospital
- showing the patient how to use the nurse call system and encouraging them to use it when they need help
- informing family members and carers about when and how to raise and lower bed rails
- providing consistent messages about when a patient should ask for help before getting up or moving about
- helping the patient to engage in any multifactorial intervention aimed at addressing their individual risk factors.

NICE has written information for the public on falls in older people.

6 Sharing information across services

Ensure that relevant information is shared across services. Apply the principles in NICE's recommendations on continuity of care and relationships for patients in adult NHS services.

7 Person in the community aged 65 or over

No additional information

8 Assessment

Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.

Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. (Tests of balance and gait commonly used in the UK are detailed in section 3.3 of the full guideline on falls in older people.)

Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multifactorial intervention.

Multifactorial assessment may include the following:

- identification of falls history
- assessment of gait, balance and mobility, and muscle weakness
- assessment of osteoporosis risk (see what NICE says on assessing the risk of fragility fracture in people who may have osteoporosis)
- assessment of the older person's perceived functional ability and fear relating to falling
- assessment of visual impairment
- assessment of cognitive impairment and neurological examination
- assessment of urinary incontinence
- assessment of home hazards

- cardiovascular examination and medication review.

For more information on reviewing medicines, see NICE's recommendations on medicines optimisation.

For information about reducing the risk of death and ill health associated with living in a cold home, see NICE's recommendations on excess winter deaths and illnesses associated with cold homes.

For further information, see NICE's recommendations on social care for older people with multiple long-term conditions and mental wellbeing and independence in older people.

NICE has published a medtech innovation briefing on QTUG for assessing falls risk and frailty.

Staff training

All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Falls in older people

1. Identifying people at risk of falling

8. Strength and balance training

2. Multifactorial risk assessment for older people at risk of falling

7. Multifactorial risk assessment for older people presenting for medical attention

Mental wellbeing of older people in care homes quality standard

5. Recognition of physical problems

9 Information and education

Individuals at risk of falling, and their carers, should be offered information orally and in writing

about:

- what measures they can take to prevent further falls
- how to stay motivated if referred for falls prevention strategies that include exercise or strength and balancing components
- the preventable nature of some falls
- the physical and psychological benefits of modifying falls risk
- where they can seek further advice and assistance
- how to cope if they have a fall, including how to summon help and how to avoid a long lie.

NICE has written information for the public on falls in older people: assessing risk and prevention.

10 Interventions

All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention.

In successful multifactorial intervention programmes the following specific components are common (against a background of the general diagnosis and management of causes and recognised risk factors):

- strength and balance training
- home hazard assessment and intervention
- vision assessment and referral
- medication review with modification/withdrawal.

Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk and individualised intervention aimed at promoting independence and improving physical and psychological function.

Strength and balance training

Strength and balance training is recommended. Those most likely to benefit are older people living in the community with a history of recurrent falls and/or balance and gait deficit. A muscle-strengthening and balance programme should be offered. This should be individually prescribed and monitored by an appropriately trained professional.

Exercise in extended care settings

Multifactorial interventions with an exercise component are recommended for older people in extended care settings who are at risk of falling.

Home hazard and safety intervention

Older people who have received treatment in hospital following a fall should be offered a home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional. Normally this should be part of discharge planning and be carried out within a timescale agreed by the patient or carer, and appropriate members of the health care team.

Home hazard assessment is shown to be effective only in conjunction with follow-up and intervention, not in isolation.

Psychotropic medications

Older people on psychotropic medications should have their medication reviewed, with specialist input if appropriate, and discontinued if possible to reduce their risk of falling.

Cardiac pacing

Cardiac pacing should be considered for older people with cardioinhibitory carotid sinus hypersensitivity who have experienced unexplained falls.

For further information, see NICE's recommendations on transient loss of consciousness.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Falls in older people

3. Multifactorial intervention

8. Strength and balance training

9. Home hazard assessment and interventions

11 Encouraging participation in falls prevention programmes

To promote the participation of older people in falls prevention programmes the following should be considered.

- Healthcare professionals involved in the assessment and prevention of falls should discuss what changes a person is willing to make to prevent falls.
- Information should be relevant and available in languages other than English.
- Falls prevention programmes should also address potential barriers such as low self-efficacy and fear of falling, and encourage activity change as negotiated with the participant.

Practitioners who are involved in developing falls prevention programmes should ensure that such programmes are flexible enough to accommodate participants' different needs and preferences and should promote the social value of such programmes.

12 Interventions that cannot be recommended

Brisk walking

There is no evidence[1] that brisk walking reduces the risk of falling. One trial showed that an unsupervised brisk walking programme increased the risk of falling in postmenopausal women with an upper limb fracture in the previous year. However, there may be other health benefits of brisk walking by older people.

Interventions that cannot be recommended because of insufficient evidence

We do not recommend implementation of the following interventions at present. This is not because there is strong evidence against them, but because there is insufficient or conflicting evidence supporting them.

Low intensity exercise combined with continence programmes

There is no evidence that low intensity exercise interventions combined with continence promotion programmes reduce the incidence of falls in older people in extended care settings.

Group exercise (untargeted)

Exercise in groups should not be discouraged as a means of health promotion, but there is little evidence that exercise interventions that were not individually prescribed for older people living

[1] This refers to evidence reviewed in 2004.

in the community are effective in falls prevention.

Cognitive behavioural interventions

There is no evidence that cognitive/behavioural interventions alone reduce the incidence of falls in older people living in the community who are of unknown risk status. Such interventions included risk assessment with feedback and counselling and individual education discussions. There is no evidence that complex interventions in which group activities included education, a behaviour modification programme aimed at moderating risk, advice and exercise interventions are effective in falls prevention with older people living in the community.

Referral for correction of visual impairment

There is no evidence that referral for correction of vision as a single intervention for older people living in the community is effective in reducing the number of people falling. However, vision assessment and referral has been a component of successful multifactorial falls prevention programmes.

Vitamin D

There is evidence that vitamin D deficiency and insufficiency are common among older people and that, when present, they impair muscle strength and possibly neuromuscular function, via CNS-mediated pathways. In addition, the use of combined calcium and vitamin D3 supplementation has been found to reduce fracture rates in older people in residential/nursing homes and sheltered accommodation. Although there is emerging evidence that correction of vitamin D deficiency or insufficiency may reduce the propensity for falling, there is uncertainty about the relative contribution to fracture reduction via this mechanism (as opposed to bone mass) and about the dose and route of administration required. No firm recommendation can therefore currently be made on its use for this indication.

For further information, see NICE's recommendations on vitamin D: supplement use in specific population groups.

Hip protectors

Reported trials that have used individual patient randomisation have provided no evidence for the effectiveness of hip protectors to prevent fractures when offered to older people living in extended care settings or in their own homes. Data from cluster randomised trials provide some evidence that hip protectors are effective in the prevention of hip fractures in older people living in extended care settings who are considered at high risk.

13 See what NICE says on patient experience

See Patient experience in adult NHS services

Glossary

Extended care

a care setting such as a nursing home or supported accommodation

Multifactorial assessment

an assessment with multiple components that aims to identify risk factors that can be treated, managed or improved

Multifactorial falls risk assessment

an assessment with multiple components that aims to identify risk factors that can be treated, managed or improved

Multifactorial intervention

an intervention with multiple components that is linked to a person's multifactorial assessment

Older people living in the community

older people living in their own homes or in extended care

Risk prediction tools

a tool that aims to calculate a person's risk of falling, either in terms of 'at risk/not at risk', or in terms of 'low/medium/high risk', etc.

Sources

Falls in older people: assessing risk and prevention (2013) NICE guideline CG161

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.