

Preventing Falls in Older Adults Who Live in Community Settings: U.S. Preventive Services Task Force Recommendation

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The full report is titled “Prevention of Falls in Community-Dwelling Older Adults: U.S. Preventive Services Task Force Recommendation Statement.” It is in the 7 August 2012 issue of *Annals of Internal Medicine* (volume 157, pages 197-204). The author is V.A. Moyer, on behalf of the U.S. Preventive Services Task Force.

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Who developed these guidelines?

The U.S. Preventive Services Task Force (USPSTF) developed these recommendations. The USPSTF is a group of health experts that makes recommendations about preventive health care.

What is the problem and what is known about it so far?

Falls are a common cause of injury in people aged 65 years or older. Those who fall once are at high risk for falling again. Other factors related to a high risk for falls include problems with balance and walking and certain medications. A test called “Get-Up-and-Go” can be helpful in assessing falls risk. This test measures how long it takes a person to get up from an armchair, walk 10 feet, turn around, walk back, and sit down. The average healthy older person can do this in less than 10 seconds. People who take longer are at high risk for falls.

Because falls are so common, some experts have recommended that a number of interventions be a routine part of primary care for older adults. The USPSTF wanted to see whether there is evidence that such interventions do reduce falls.

How did the USPSTF develop these recommendations?

The USPSTF reviewed studies about the benefits and harms of interventions to prevent falls.

What did the authors find?

Good evidence shows that exercise or physical therapy and vitamin D supplements can reduce falls in older adults, probably by improving muscle strength and balance. Prevention strategies that involve an in-depth assessment of multiple risk factors for falls and that address factors identified during the assessment may provide a small benefit. Although it is possible that some combination of interventions in selected patients could provide important benefits, available studies do not define what such a combination or population would be. Studies are not available to determine whether the following interventions by themselves are effective in reducing falls in older adults: vision correction, medication discontinuation, protein supplements, education or counseling, and home hazard modification.

What does the USPSTF recommend that patients and doctors do?

The USPSTF recommends exercise or physical therapy and vitamin D supplements to reduce falls in people aged 65 years or older who live in community settings and are at high risk for falls.

The USPSTF does not recommend automatically performing a formal, in-depth risk assessment for falls in conjunction with management of identified risk factors in all community-dwelling people aged 65 years or older. However, this service might be appropriate for some older people based on prior falls, medical history, and patient values.

What are the cautions related to these recommendations?

These recommendations apply to the general population of adults aged 65 years or older who live in community settings. These recommendations do not apply to older people living in nursing homes or other institutional settings.

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