

Care of frail older people is one of the key challenges to most health services. Falls place a considerable burden on older people with fear of falls and the consequences of falls. They drive significant health service activity in most developed countries. So faced with a frail older person living the community at risk of falls; what can we do about? This USPTD guide and systematic review updates a previous Cochrane review (1) to help us.

One common issue is polypharmacy and its association with falls.(2) Vitamin D has been seen as perhaps part of the solution, but this review gives us confidence that unless they have a deficiency then Vitamin D supplementation will not help. It may make us think once corrected, about de-prescribing this drug too.

The bulk of this review looks at multi-factorial (MF) interventions and exercise interventions. The MF interventions varied between studies but most had an initial comprehensive geriatric assessment or a falls risk assessment followed by a variety of interventions. This heterogeneity or variety of intervention makes these types of review therefore difficult to implement in practice, as it is not clear which elements work. However, while these interventions might reduce falls with a useful 20% relative risk reduction, they don't change morbidity or mortality. Exercise interventions again seem to usefully reduce numbers of fallers and injuries, but again they have no impact on mortality. They were also quite intense interventions, with participants usually exercising 3 times per week for 12 months.

The assessments were mostly delivered by nurses, so the role for the physician may be limited to identifying high-risk individuals (from ED summaries) and referring on for these MF assessments and recommending exercise?

Reference

1. Gillespie LD, Robertson MC, et al. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews. 2012(9).

2. Dhalwani NN, Fahami R, et al. K. Association between polypharmacy and falls in older adults: a longitudinal study from England. BMJ Open. 2017;7(10).

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