



## Topic Brief: Interventions to Prevent Falls in Older People

**Date:** 01/13/2020

**Nomination Number:** 0881

**Purpose:** This document summarizes the information addressing a nomination submitted on October 13, 2019 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** The submitted nomination related to interventions to prevent falls in the elderly. The nominator was interested in which interventions are effective and whether they prevent falls or simply delay falls.

**Program Decision:** The EPC program will not develop a new evidence review for this topic. The topic development process was truncated because we were unable to specify the review questions of interest. A defined review question is necessary, given that there are several existing systematic reviews about interventions to reduce elderly falls in various settings. After additional discussion with nominator, the nominator decided to withdraw the nomination.

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### Background

Falls in elderly adults are a common, serious, growing public health problem. Approximately 30% of adults aged 65 and older fall each year<sup>1,2</sup> and these falls often result in serious injuries, decreases in mobility, and loss of independence.<sup>3,4</sup> In 2014, an estimated 2.8 million nonfatal falls among this population were treated in emergency departments and approximately 800,000 people experiencing a fall were hospitalized.<sup>1</sup> In the same year, over 27,000 older adults died from unintentional injuries from a fall.<sup>1</sup>

Falls represent a significant burden on the U.S. health care system. In 2015, the direct medical cost was estimated to total \$637.5 million for fatal falls and more than \$31 billion for medically-treated, nonfatal fall-related injuries<sup>5</sup>. A 2010 systematic review found the mean costs per person who fell in the United States ranged from \$2,044 to \$25,955, depending on severity of the fall. Costs per fall ranged from \$1,596 to \$10,913, while costs per fall-related hospitalization ranged from \$10,052 to \$42,840.<sup>6</sup>

### Related Resources

We identified additional information in the course of our assessment that might be useful.

There are existing guidelines and systematic reviews that cover the topic of interventions to prevent falls in the elderly.

## Guidelines

The U.S. Preventive Services Task Force (USPSTF) has recently updated the evidence review and recommendations for falls prevention in community dwelling adults.<sup>7</sup>

The National Institute for Health and Care Excellence (NICE) in the UK is currently updating the clinical guidance on assessing risk and prevention of falls in older people<sup>8</sup>, which will include an updated evidence review.

The Eastern Association for the Surgery of Trauma (EAST) have published practice management guideline for the prevention of fall-related injuries in the elderly.<sup>9</sup>

Registered Nurses Association of Ontario has published guidance about preventing falls and reducing injury from falls.<sup>10</sup>

## Systematic Reviews

An overview of reviews of non-pharmacological interventions to prevent falls in older people was published in 2016.<sup>11</sup>

A Cochrane special collection on falls was published in 2018 and included several systematic reviews. This includes a review of environmental and behavioral interventions in reducing activity limitation and improving quality of life among visually impaired older people<sup>12</sup>; exercise to reduce fear of falling for in older people living in the community<sup>13</sup>; exercise for preventing falls in older people living in the community<sup>14</sup>; interventions for preventing falls in older people living in the community<sup>15</sup>; multifactorial and multiple component interventions for preventing falls in older people living in the community<sup>16</sup>; interventions for preventing falls in older people in care facilities and hospitals<sup>17</sup>; hip protectors for preventing hip fractures<sup>18</sup>; and physical rehabilitation for older people in long-term care.<sup>19</sup>

Another comparison of interventions for preventing falls was also published in 2017.<sup>20</sup>

Two systematic reviews are currently in progress. One will assess the effects of environmental interventions (such as assistive devices, and reduction of fall hazards in home, outdoors, and public places) for preventing falls in older people living in the community.<sup>21</sup> The aim of the other in-progress review is to assess the effects of psychological and educational interventions for preventing falls in older people living in the community.<sup>22</sup>

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