

WebinarPLUS⁺

REDUCING AND PREVENTING FALLS IN SENIOR LIVING

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REDUCING AND PREVENTING FALLS IN SENIOR LIVING

Falls are one of the top causes of injury in older adults, and many residents of senior living communities face multiple risk factors that could increase their chances of falling.

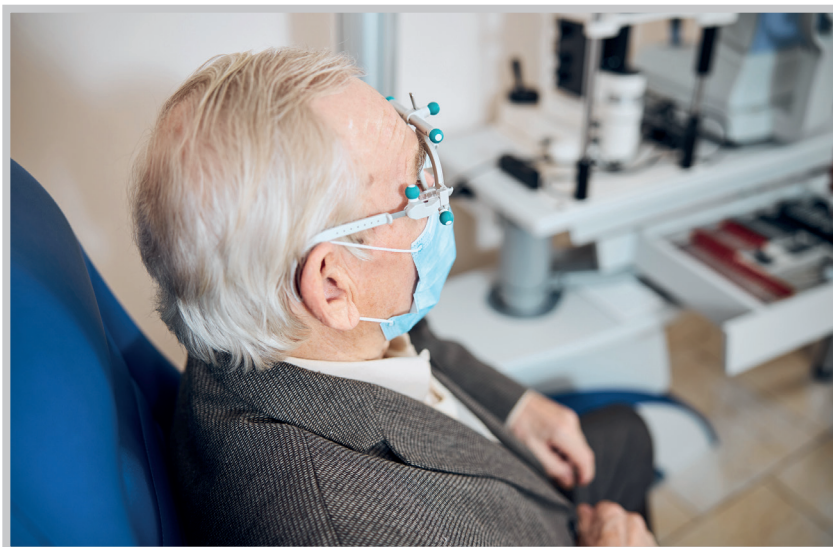
Comprehensive assessment and prevention strategies — as well as thorough post-fall procedures — can help to reduce falls and their resulting injuries or fatalities, according to Melissa J. McGuire, PharmD.

McGuire led a web presentation called “Understanding and reducing falls in senior living facilities” as part of the 2021 *McKnight’s Senior Living* Online Expo. She is a clinical manager with Omnicare, a CVS Health company serving assisted living communities and nursing homes.

Shockingly, McGuire shared, one-fourth of all traumatic brain injuries caused by falls occur in long-term care facilities.¹ Even when falls don’t cause head injuries, they often result in fractures, she said. Falls are a leading cause of injury and injury-related death in people over age 65, and it’s not just the physical injury that contributes to this decline, either.

“There are a number of serious functional, psychological and social aspects of life that are affected,” McGuire said. “Many of these are not adequately reported by those who fall or assessed by caregivers, which can decrease quality of life and even delay or stop recovery.”

McGuire shared case studies to help illustrate her points and demonstrate risks and the interventions that could be used to counter them. The first case study focused on a resident who previously lived independently at



“A growing number of older adults fear falling and, as a result, they limit their activities and social engagements,” says Melissa J. McGuire, PharmD.

home but had to rely on nursing home care for assistance with her basic needs after the fall. Her cognitive function declined, and she refused therapies over fears of falling again, McGuire shared.

The interventions after a fall such as this one not only focus on providing assistance with basic care but also on finding ways to help the older adult regain independence and prevent additional falls, she said.

“We have to think, what can be done to help her participate in her activities of daily living and physical therapy?” McGuire asked.

Cognitive problems that come after a fall can limit participation and the understanding of the need for certain activities, she said. Caregivers must help those residents break larger tasks into smaller ones, set goals and provide adequate time and assistance.

“This type of supervision requires skill, time and patience,” McGuire added. Without those interventions, however, she said, residents such as the one

in the case study can become increasingly isolated, depressed and helpless-feeling. “The longer she refuses to participate, the more likely that complications such as pressure ulcers, falls, contractures, depression and muscle weakness may occur,” McGuire added.

RISK FACTORS EXIST

Some of the leading risk factors for falls are common issues among older adults, especially senior living and other long-term care residents. They include muscle weakness, gait problems, poor vision, medications and environmental factors.

Muscle weakness and gait problems make up about one-fourth of all nursing home falls on their own, McGuire said.² Those are examples of intrinsic factors that contribute to falls and also may include sensory and balance problems or low blood pressure. Extrinsic factors — which account for 16% to 27% of falls — include environmental issues such as poor lighting, obstacles and unfamiliar surroundings. Most falls happen

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A medication review is one of several steps senior living providers can take to minimize the risk of a resident falling.

as a result of both intrinsic and extrinsic factors, McGuire said.

Operators can take several steps to minimize those risks, and their efforts should begin with several questions on move-in day:

1. What are the resident's needs or physical requirements that might contribute to falls?
2. What medications does he or she take, and could those pose a risk?
3. Could any of those medications be stopped or reduced in dosage?

Those questions are important, and addressing all of those issues is a team effort, McGuire said. From the person in admissions to those in the health and wellness, dining services and even maintenance departments, everyone can play a role in preventing falls, she said.

"They can be your eyes and ears. ... Subtle changes can be made, and subtle changes in the residents can be amazingly recorded," she said. "Everyone can help identify risks early and address them before a fall happens."

REVIEW MEDICATIONS

Medications are a major part in the equation and can be reviewed with Gradual Dose Reduction programs and the help of consulting pharmacists, McGuire said. Some medications can exacerbate physical difficulties such as gait and balance issues, or cause new problems from the sedation that occurs as a side effect of the medication.

Examples of medications that can increase fall risk include antidepressants, anticonvulsants, antipsychotics, benzodiazepines, opioids, muscle relaxers, sleep medications, sedatives and hypnotics.

Some medications may increase risk on their own or by interacting with another medication, McGuire said. Many medications contribute to falls by slowing the nervous system, impairing gait and balance. Enlisting the help of medical providers and pharmacists can enable operators to reduce the likelihood of a medication-driven fall. An estimated 41% of falls are

related to medications in one way or another, she said.³

Reducing or retiming doses, or eliminating unnecessary medications, can help prevent falls, McGuire said. Some medications can't be avoided or changed — such as blood pressure medications or some anticonvulsants. In those cases, she said, it's important to monitor and pay attention to dosage timing.

"We can be consistent in monitoring the resident to help avoid a fall," McGuire said. Avoid using medications to control behavior, and seek out alternative or nonpharmacologic methods, she advised. "Ideally, we'd like to avoid these medications, or at least use them at the lowest possible dose for the shortest amount of time," she said.

Muscle relaxers and opioids are among the top offenders, and the risk usually outweighs the benefit. But even some medications that are necessary can be adjusted to reduce fall risk, McGuire said. Antihistamines, blood pressure medications and diuretics all have been linked to increased falls.

"We can address this in various ways, such as not giving the diuretic too close to bedtime, scheduled toilet breaks and making sure the pathway to the bathroom is free of obstacles," she said. Consider alternatives, too, such as using a bedside commode to reduce trips to the bathroom or switching out older, more sedating allergy medications such as diphenhydramine (Benadryl) with newer options such as loratadine (Claritin) or fexofenadine (Allegra).

Polypharmacy also can be an issue, especially in older adults or people with complex medical needs.

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“Reducing the number of medications can reduce fall risk,” she said, adding that not only does each medication have its own side effect and risk, but some medication also may interact with one another and can have a cumulative effect.

TAILOR PLANS

Even when you’ve done your best to reduce fall risks, falls still can happen, McGuire warned. Every senior living community should have a plan in place for how to respond when falls happen, with individualized plans for each resident to reduce risk and respond when falls do occur.

“A growing number of older adults fear falling and, as a result, they limit their activities and social engagements. This can result in further physical decline, depression, social isolation and feelings of helplessness,” she said.

COVID-19 INCREASES IMPORTANCE

The COVID-19 pandemic has made the issue of fall risk and prevention even more important, McGuire said.

“No group has been affected more than our most vulnerable population,” she said, adding that although everyone has been restricted in some way during the pandemic, residents in senior living communities and other long-term care facilities have been cut off from outside contact and severely restricted in their activities within those settings. “Social isolation has a huge impact, which in turn could lead to an increase in need for [certain] medications,” she said.

Normally, McGuire said, a goal of

“Everyone is part of the team to help prevent falls.”

— Melissa J. McGuire, PharmD., Omnicare

treatment is to use medications that treat depression and anxiety in lower doses for limited periods of time, but COVID-19 created a situation in which those medications had to be increased for some time to help residents cope with increased anxiety and reduced family contact.

It’s difficult to say whether falls have increased across the board during the pandemic, but risk factors certainly have risen, she said. Even when a fall occurs without injury, it’s important to review risk factors and other elements that contributed to the fall and develop a plan to address these issues going forward.

“A fall without injuries is still considered a fall,” McGuire said. “All falls should be researched to determine what may have caused or contributed to them.”

RESOURCES ARE AVAILABLE

Listening actively and addressing fears should be among the interventions used after a fall, she explained, and senior living communities can take advantage of several free resources that are available to help guide their fall prevention and response efforts. Some of those resources include the Centers for Disease Control and Prevention’s Stopping Elderly Accidents, Deaths, and Injuries, or STEADI, initiative and the SAFE method.

STEADI offers free online training,

resources, medication screening tools and suggestions for safety interventions. A detailed algorithm can help communities develop personalized fall prevention and management plans, McGuire said.

SAFE is an acronym that can be used to help create checklists, too. It stands for:

- **S**trategy to screen medications;
- **A**ssess the resident’s health;
- **F**ormulate ways to stop, switch or reduce medications to the lowest possible dose; and
- **E**ducate residents and caregivers about medication changes.

All staff members should be aware of fall management plans and know what to do when a fall occurs, McGuire said.

“Everyone is part of the team to help prevent falls,” she said. ■

¹Schonnop, R., Yang, Y., Feldman, F., Robinson, E., Loughin, M., & Robinovitch, S. N. (2013). Prevalence of and factors associated with head impact during falls in older adults in long-term care. *Canadian Medical Association Journal*, 185(17).

²Rubenstein, L. Z. (1997). Preventing falls in the nursing home. *JAMA: The Journal of the American Medical Association*, 278(7), 595.

³Andersen, C. U., Lassen, P. O., Usman, H. Q., Albertsen, N., Nielsen, L. P., & Andersen, S. (2020). Prevalence of medication-related falls in 200 Consecutive elderly patients with hip Fractures: A cross-sectional study. *BMC Geriatrics*, 20(1).

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