

## Long-Term Care Survey Alert

### RISK MANAGEMENT: Target These 4 Modifiable Risks For Falls

Some of these risk factors may surprise you.

Your best bet for reducing falls is to identify and target what you can change. Here are four known risks for falls where you can intervene before it's too late.

**1. Postural hypotension.** As people age, their carotid artery receptors lose the ability to adjust blood pressure quickly with a sudden change of position, noted **Denise Wassenaar, RN, MS**, in a presentation at the recent **American Association of Homes & Services for the Aging** annual meeting and exposition in San Antonio. Facilities can mitigate this risk by teaching residents to get up from a sitting or lying position more slowly.

**2. Taking four or more meds.** Evaluate all of a resident's medications for risk versus benefit, advises **William Simonson, PharmD, FASCP, CGP**, a consultant pharmacist in Suffolk, VA. Medications that increase the risk of falling should be used with caution--if at all--for a resident who is already at risk of falling, he tells **Eli**.

For example, diuretic use may result in dehydration and dizziness, notes Simonson. Someone taking an antihypertensive may get dizzy when he stands up. "Medications that have an effect on the central nervous system, such as antipsychotic drugs, may also cause syncope and falls--and hypnotic agents for insomnia may cause residual drowsiness" that leads to a tumble, he adds.

**3. Wearing shoes with thick soles.** This one is a risk factor because the resident can't feel the floor. "The further you are from the floor, the more risk you have for falling," said Wassenaar.

**4. Relying on a walker.** Wassenaar cited a correlation study that found that residents identified at risk for falls who use walkers have an even higher chance of falling. Residents with a loss of lower extremity strength may be the ones who end up with the walkers, she postulates. Facilities may give residents a walker for "support and confidence" without addressing their lower extremity strength, says Wassenaar. So when the resident trips, he or she has a higher incidence of falls. Wassenaar said she hopes that research will show that exercise programs that improve lower extremity strength can decrease the use of assistive devices.