

## What you can do

- ✓ If you have fallen, have a pharmacist or your physician review your medication list to see if alterations can be made, if certain medications can be stopped, or if doses can be reduced.
- ✓ Know the common side effects of your medications, and report any you experience to your health care provider.
- ✓ Talk to your doctor or pharmacist about calcium+vitamin D supplementation.
- ✓ When you wake up in the morning or at night, sit on the side of the bed for a minute or two before standing. This allows your blood pressure to adjust and decreases dizziness and unsteadiness.
- ✓ Exercise regularly. Exercise strengthens muscles and improves balance. It is recommended to get 30-60 minutes of exercise most days of the week. Walking, light strength training, or pool exercises are great options.
- ✓ Do not smoke and limit alcohol intake to 2 drinks or less a day.
- ✓ If you are taking 4 or more medications talk to your doctor or pharmacist about your risk and how to reduce this.
- ✓ Be sure your home is well lit especially at night (*use nightlights*) and that paths are clear of things you might trip over.
- ✓ Have grab bars in the bathtub, shower and near the toilet.
- ✓ Have handrails on both sides of stairways.
- ✓ Wear well fitting shoes with nonslip soles.
- ✓ Have regular check ups with your doctor - report dizziness, confusion, and falls.
- ✓ Have yearly checks done on your eyes by an optometrist.



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**MedPaks Division**

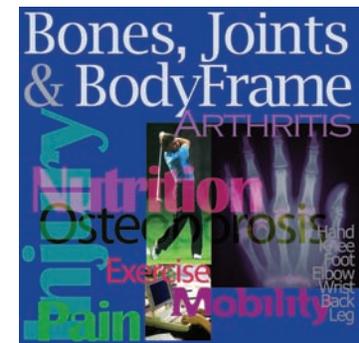
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### References

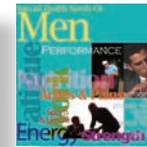
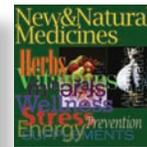
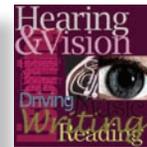
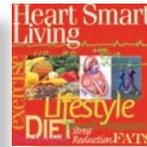
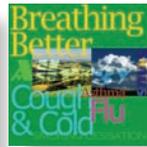
- Centers for Disease Control and Prevention (CDC) website. [www.cdc.gov](http://www.cdc.gov)
- American Family Physician - What causes falls in the Elderly
- Falls Prevention and the Role of Medications presentation by Jane Mahoney
- Pharmacist's Letter July Issue



## Preventing Falls



 **Cass Street Pharmacy**



## The Problem

- ▶ Greater than one third of adults 65 and older fall each year in the United States.
- ▶ Falls are the leading cause of injury deaths among the elderly. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.
- ▶ Falls can cause a range of injuries from bruises and fractures to head traumas and can also lead to a fear of future falls limiting a person's activities.
- ▶ Men are at higher risk for fatal falls, women are at higher risk for nonfatal falls.

## Who is at risk?

Risk factors are additive-the more risk factors you have, the greater your risk of falling. Some of the risk factors include:

- **Age** - Risk of falling increases after the age of 65.
- **Medications** - Certain medications can increase the risk of falling, along with the number of medications a person is taking.
- **Medical conditions** - Arthritis, Parkinson's, osteoporosis, stroke, depression and other medical conditions can increase your fall risk.
- **Previous fall** - Two thirds of people who have a fall will fall again within 6 months.
- **Visual problems** - Cataracts and glaucoma alter depth perception, visual acuity, peripheral vision and susceptibility to glare.

- **Poor balance or gait problems**
- **Failure to exercise regularly** - This results in poor muscle tone, decreased strength, loss of bone mass, and flexibility.

## Medications

An older patient with 4 or more prescriptions should be evaluated for falls risk each year. Elderly patients who are starting new medications or getting a dose adjustment should also be monitored closely.

Medications which have side effects such as sedation, psychomotor impairment, cognitive changes, dizziness and orthostatic hypotension will increase the risk of falls.

Medications should be used at the lowest dose possible and for the minimum time needed.

### *Medications that can cause falls:*

- **Antihypertensives** - These medications are needed to lower blood pressure and prevent damage to the kidneys and heart. It is important to report any dizziness to your doctor and pharmacist while on these medications, this may be a sign of your blood pressure getting too low. It is important to be careful when starting these medications or when your doctor is changing your dose - this is when your risk of falling is the greatest.
- **Anxiety or sleep medications** - These medications can cause profound sedation in the elderly along with confusion and unsteadiness. These medications often

cause carry-over sedation or daytime drowsiness which can increase risk of falls. For trouble sleeping a person should first try adjusting their sleep habits.

- **Antidepressants** - These medications are important to help regulate the chemical makeup in your body but it is important to be aware of your fall risk. Risk with antidepressants is dose related and so lower doses are preferred in the elderly - talk to your doctor about the dose of your antidepressant and any side effects you experience.
- **Antipsychotics** - There is the same risk of falls with newer and older antipsychotic medications. These medications can slow your reaction time, lead to unsteadiness, drowsiness and can dry out the eyes leading to visual difficulties.
- **Alzheimer's medications** - Certain medications for this condition can cause the heart to slow and lead to falls or fainting. Contact your doctor if you have bothersome dizziness or if you faint or fall.
- **Analgesics** - These medications can cause drowsiness in the elderly.
- **Vitamin D and calcium deficiency** - A deficiency in these vitamins is associated with muscle weakness and gait issues. Getting 800IU per day of vitamin D can decrease the risk of falling by more than 20%. Daily supplementation of 1-1.2 grams of calcium is also recommended. Talk to your doctor or pharmacist about calcium and vitamin D supplements.