

## FALLS AND THEIR PREVENTION IN ELDERLY PEOPLE: WHAT DOES THE EVIDENCE SHOW?

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**Abstract:** Falls are a common and complex geriatric syndrome that cause considerable mortality, morbidity, reduced functioning, and premature nursing home admissions. Falls have multiple precipitating causes and predisposing risk factors, which make their diagnosis, treatment, and prevention a difficult clinical challenge. A fall may be the first indicator of an acute problem (infection, postural hypotension, cardiac arrhythmia), may stem from a chronic disease (parkinsonism, dementia, diabetic neuropathy), or simply may be a marker for the progression of “normal” age-related changes in vision, gait, and strength. Moreover, most falls that are experienced by older persons have multifactorial and interacting predisposing and precipitating causes (eg, a trip over an electrical cord contributed to by a gait disorder and poor vision). Fig. 1 provides the complex relationship between selected risk factors, underlying causes, precipitating events, and falls. Identifying effective interventions to prevent falls and fall-related injuries among older adults is a major area of research and policy development in geriatrics. Several published clinical guidelines review the evidence for fall prevention strategies and provide recommendations for assessment and intervention. In the past few years there has been a major increase in the number of randomized controlled trials that have evaluated various fall prevention interventions. Meta-analysis of these trials has provided more evidence on efficacy. These clinical guidelines and the extensive fall prevention literature provide much needed insight into the difficult clinical challenge of fall prevention. This article provides a brief overview of the epidemiology of falls, their major causes and risk factors, the types of available fall prevention interventions, and a review of the latest evidence on the efficacy of these interventions.