

# Falls in Older Adults: How to Assess and Prevent?



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## Opinion

Falls and its related consequences are among the major elderly's public health worldwide problem [1-4]. Approximately 42% of elderly with 70 years or more have experienced at least one fall in the last twelve months [4]. A recent systematic review showed a higher risk-adjusted mortality in falls compared to motor vehicle collisions [3], increasing morbidity and mortality in older adults [3,5,6].

Several studies have demonstrated exponential growing risk of falls with increasing age [3,7,8], not only by structural and physiological changes, but also by reduction of functionality and increasing of frailty [4,5]. Functionality is associated with elderly's function and physical capacities, as muscle potency, walking speed and functional mobility; and social and attitudinal environmental factors affecting them [9,10], and the declines of these capacities have the potential to increase fall's risk and the severity of falling consequences in older adults [11].

Besides the physical consequences, falls lead to psychological and cognitive changes, as social isolation, depression, fear of falling [11-13] and reduction in quality of life [11,14]. It has been concluded that combination of these factors restrict their activities of daily living, social activities and health perception, making elderly's functionally dependent, and therefore, generating a negative social and economical impact on family, community and society [4,11,13].

In this context, it's really important to assess the risk of falls and prevent these episodes. The multifactorial assessment identifies the risk factors for falling. The evaluation may include cognitive impairment, continence problems, falls history (involving causes and consequences, such as fear of falling and injuries), adequate use of footwear, home hazards (e.g. inadequate lightening, carpet or slippery floor, etc.), health problems that may increase their risk of falling (e.g., arterial hypertension, syncope syndrome, visual impairment, etc.), inadequate or excessive use of medication, postural instability, mobility problems and/or balance problems [15,16].

All older adults with frequent falls or with increased risk of falling should be considered for an individualized multifactorial

intervention composed by strength and balance training, home hazard assessment and intervention, vision assessment and referral, medication review with modification/withdrawal and psychological aspects including risk behavior and fear of falls. These aspects can avoid the reduction of physical activity level promoting independence and improving physical, psychological and social function, providing a better quality of life for older adults [15,16].

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