FALLS FACTS and FIGURES

Why are falls a concern?

Falls are a serious concern for people over the age of 65. They are the leading cause of death due to injury among Canadians over 65. Many older people who survive falls never fully recover. They face chronic pain and reduced mobility resulting in a loss of independence and enjoyment of life.

- 1 in 3 seniors fall every year. Approximately 30% of community-dwelling Canadian seniors experience at least one fall each year. (O’Loughlin, J.L. et al. 1993)
- Half of seniors who fall, do so repeatedly
- 1 in 4 falls result in injuries, including sprains, fractures and even death.
- Falls cause more than 90 per cent of all hip fractures in the elderly and 20 per cent of seniors who suffer a hip fracture die within a year. A single hip fracture adds $24,400 to $28,000 in direct health costs to the system. Almost half of people who sustain a hip fracture never recover fully. Falls accounted for 57 per cent of deaths due to injuries among females and 36 per cent of deaths among males, age 65 and older. In 1997, falls accounted for 20% of all injury deaths among adults age 65 or over. (Computations by Injury Section, Health Surveillance & Epidemiology Division, CHHD, PPHB, Health Canada. Analysis of Statistics Canada 1997 mortality data.) In the fiscal year 2009, falls were responsible for 95.1% of all hip fractures. In that same year, approximately 50% of injury-related hospitalizations in seniors were due to falls while the age-adjusted ED visit rate in Ontario reached approximately 55 ED visits per 1,000 seniors and the hospitalization rate reached approximately 13 per 1,000 seniors
- Studies have also shown that elderly patients taking 4 or more prescription medications are at 3-times greater risk for falls. (Monane et al., 1996).
- Falls are directly accountable for 40 per cent of all elderly admissions to nursing homes or long-term care facilities.
- It has been estimated that the annual direct health care costs of falls is $2.4 billion. Caring for seniors injured from a fall represents 41% of these costs or $1 billion. (The Hygeia Group. The economic burden of unintentional injury in Canada. Smartrisk, 1998
- In seniors it is more common for the “well elderly” to fall outdoors, and to suffer a less serious injury. Greater periods of risk for the well elderly include those times when they are temporarily frail (e.g. during episodes of acute illness or recovering from surgery)

The frail elderly are more likely to fall while performing “activities of daily living” and to sustain a more serious injury or death. Falls and the resulting injuries are often an indication of increasing frailty in an older person.

Objective of the Ontario Integrated Falls Prevention Strategy is to “improve the quality of life for Ontario seniors aged 65 years and over and lessen the burden of falls on the health care system by reducing the number and impact of falls”. Integrated Provincial Falls Prevention Framework and Toolkit 2011 p 5

Many existing programs and strategies have demonstrated the reduction of falls amongst seniors by 20% and more (SMARTRISK, 2006). It is estimated that a 20% reduction in falls among seniors aged 55 years and over could result in 1,000 fewer older adult permanent disabilities and 4,000 fewer hospital stays. The direct health care costs avoided would amount to almost $121 million annually (SMARTRISK, 2006). With a mean length of stay for a falls-related injury being approximately 15 days, 4,000 hospital stays can equate to a significant number of hospitals days avoided (Scott, Wagar & Elliott, 2010).

- Matching interventions against risk factors can reduce the patient's risk of falling, and in certain instances, the risk factor's presence may be greatly reduced or eliminated. This occurs when the "root cause" (e.g., use of drugs and/or polypharmacy) of the risk factor's presence is eliminated. (Hendrich et al., 2004).
- By implementing an interdisciplinary Fall Team and using a fall risk assessment tool, 1 hospital reduced inpatient fall levels by 43%. An important result of this program’s success was the shift in caregiver attitudes from reaction to prevention of falls. (Gowdy et al., 2003).
Coordinated, community-wide, multi-strategy initiatives to preventing falls have been shown to significantly reduce falls-related injuries in seniors by between 6% and 33% (McClure et al., 2005). Thus, a coordinated and integrated provincial approach to falls prevention can strengthen current efforts in preventing falls and more effectively reduce falls and the impact of falls on seniors.

- Canada’s senior population will grow to 5 million by 2011; as the proportion of elderly in our population continues to increase, preventing falls takes on even greater importance.

The good news is falls are predictable and preventable. By eliminating falls risk factors, seniors can remain independent and healthier longer.

Fortunately, falls can be prevented to increase the quality of life for seniors and to alleviate the burden on the health care system.

References


