GERIATRIC EDUCATION SERIES

FALLS

FALLS CASE STUDY – MRS. FRIED

FACILITATOR'S GUIDE

GOAL: *The purpose of this case study is to assist participants in using previously reviewed didactic presentations as well as prior learning and life* ***to understand the multifactorial causes of falls*** *(with use of the Multifactorial Fall Risk Summary) and support discussions of potential interventions and recommendations.*

Supporting Documents:

2.1.1 Falls - Case Study

2.1.3 Multifactorial Fall Risk Summary (MFRS)

IDENTIFY, SCREEN, ASSESS

	1. WHAT DO WE KNOW FROM THE CASE ABOUT MRS. FRIED'S HISTORY OF FALLS?	WHAT ADDITIONAL QUESTIONS WOULD YOU ASK?
History of Falls (MFRS: 1.0)	Hx of falls (fell last winter on ice - fractured wrist, minor tumble indoors 3 weeks ago)	• **Any other falls, near-falls, gait and balance changes?** • **When was the last fall?** • **What footwear was she wearing?** • **Associated antecedent symptoms or other injuries? LOC?** • **What time of day did you fall?** • **Why did you fall?** • **Able to get up after falling?** • **Did she seek any medical attention?**

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IDENTIFY, SCREEN, ASSESS				INTERVINE
INTRINSIC	**2. WHAT ARE MRS. FRIED'S RISK FACTORS FOR FALLS?** Complete Multifactorial Fall Risk Summary (MFRS)	**3. WHAT ADDITIONAL QUESTIONS WOULD YOU ASK?**	**4. WHAT OTHER FORMAL ASSESSMENTS WOULD YOU COMPLETE?**	**5. WHAT STRATEGIES AND INTERVENTIONS WOULD YOU RECOMMEND?**
Biologic **(MFRS:2.0-4.0)**	• **Age** (not in itself a contributor to falling, the conditions associated with aging are) • **Female** (women are more likely than men to experience a fall and to sustain a fall –related injury) • **Medical conditions:** HTN, T2DM, OA, Osteopenia, bladder issues, visual deficits	• Medication adherence and when they are taken? • Mood or cognitive symptoms? (can also be behavioural) • Pain issues? • Bowel/bladder symptoms?	• **Blood pressure and pulse** (lying and standing, look for asymptomatic or symptomatic postural hypotension)	• **Referral to Specialized Geriatric Services fall prevention program if available** • **Address the 3 Ps** ○ **Pills** -thorough evaluation and de-prescribe high risk meds (Oxazepam, Tylenol Nighttime, Celexa, Tolterodine) if possible

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Hypertension- shown to be associated with gait instability and changes in postural control
Type II diabetes (sugar control, neuropathy, retinopathy, nephropathy and complications related to end stage renal disease contribute to increased risk)
OA- RA and OA both involve inflammation of the joints. Both involve an increased risk for falls and fractures. Exact mechanism of risk is not clearly understood. Common themes point to poor dynamic and static balance, poor lower extremity strength and history of falls.
Osteopenia- does not increase risk of falling but risk of injury
Bladder problems-Urge urinary incontinence- rushing, slip hazards **Visual deficits-** Presbyopia- near vision lenses impair distance-contrast sensitivity and lower visual field depth perception, creating a decreased ability to detect environmental hazards.

- **Medications:** CNS-acting agents (celexa, oxazepam), four or more meds, drugs that can cause dizziness/hypotension (different blood pressure meds), drowsy (Tylenol night-time), lasix (dehydration), metformin (potential erratic blood sugars), tolterodine (dizziness/drowsiness/blurred vision)
- **Pain** (potentially impacts on joint movement and mobility, weakness, deconditioning)
- **Balance/Gait issues** – furniture walking, cane
- **Cognition-** MCI

- Nutrition/weight loss?
- Vision/hearing issues?
- Bone Health?

- **Check feet and footwear**
- **Assess gait/mobility/balance**
  - Observe gait
  - TUG
  - FTSTS
- **Cognition** (may choose to assess this)

-could be: MedsCheck, Community Pharmacist, PCP or Geriatric Day Hospital

- **Postural Hypotension**

-Evaluation by PCP
-Education about non-pharmacological strategies
(i.e. raise head of bed, sit at side of sofa/bed pump feet, etc.)

- **Pain**

-PCP might be recommended to discontinue Celebrex
-NSAIDs should be avoided if possible (if needed, short term intermittent use is recommended)
-Use Tylenol regularly
-Physiotherapy

- **Bone Health**
  - See PCP
  - Discuss dietary Calcium/Vitamin D
- **Vision**
  - Annual eye exam as previous
  - Don't wear bi-focals on the stairs
- **Urinary urge incontinence**
  - Meet with PCP to discuss management options
  - Education

(i.e. regular toileting, easy access clothing, limit caffeine)

- **Depression**
  - Stable
  - Physician to consider weaning Oxazepam if possible.
  - Physician to review need for Celexa
  - Monitor
- **Cognition**
  - Monitor annually

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EXTRINSIC	**What are her risk factors for falls?** Complete Multifactorial Fall Risk Summary (MFRS)	**What additional information can we ask?**	**What strategies and interventions could be implemented?**

Behaviour **(MFRS: 5.0)**	• furniture walking
	• avoids walking
	• no alcohol
		• Sleep issues?
		• Fearful of falling?
		• Any formal exercise?
		• Footwear?
			• **Exercise/Physical activity**
			  ○ 150 minutes of physical activity 5 days a week
			  ○ consider group exercises, AquaFit, home strength and balance exercises
			• **Footwear**
			  ○ Wear sneakers or other supportive non-slip shoes
			• **Gait Aids**
			  ○ Use cane for all mobility
			  ○ Ice pick for winter

Environmental **(MFRS:6.0)**	• Slipped on ice
	• Cabinet drawer
		• Stairs to enter home?
		• Type of flooring?
		• Bathroom equipment?
		• Does she go to basement?
			• **Home Safety**
			  ○ Personal alarm
			  ○ Relocate frequently used items
			  ○ Use grit outdoors
			  ○ Use mop rather than bending over to clean up spills

Social and Economic	• lives alone • has close friends • depression? factors related to depression that increase fall risk are: insomnia, nutritional deficiencies related to poor appetite and activity restriction (deconditioning/weakness)	There do not appear to be any social/economic risk factors Client has a close group of friends, speaks English and still drives.	

APPLY

6. HOW WOULD YOU THIS APPLY TO YOUR WORK CONTEXT?