

Medications and Falls

Falls and fall-related injuries result from the *interaction* of a number of risk factors. The higher the number of risk factors, the higher the number of falls.

Although medications are not the greatest risk factor for falls, medication use is potentially the most modifiable risk factor for falls.

What medications are known risk factors for falls?

Stronger evidence:

Psychotropic medications (tricyclic antidepressants, serotonin reuptake inhibitors, benzodiazepines, neuroleptics) = **2-fold increase in risk**

Weaker or conflicting evidence:

cardiovascular drugs (including antihypertensives, diuretics, vasodilators, digoxin); opioid analgesics; NSAIDs; hypoglycemics

High numbers of drugs = higher risk (frailty and number of chronic conditions also increase risk)

≥4 meds = 3-fold increase

≥0 meds = 6-fold increase

Myths busted

Short acting benzodiazepines *are* as risky as long-acting benzodiazepines

Pain medications *may not* increase risk of falls

Both TCA's and SSRI's increase risk of falls similarly

We don't know yet if newer neuroleptics contribute to falls less frequently than older neuroleptics

Few cardiac medications are associated with increased risk of falls

How to help patients

Assess environmental hazards

Consider balance and gait training, strengthening exercises

Target prevention and control of chronic disease

Use minimally effective doses of risky medications

Taper off benzodiazepines

At-risk patients should ask their pharmacist when buying ANY over-the-counter medication if it can cause fatigue, balance problems, dizziness, muscle weakness, visual problems - anything that might cause a fall

Ask pharmaceutical manufacturers to give you fall risk information when they are promoting new drugs

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