

INTRINSIC RISK FACTORS FOR FALLS IN OLDER PATIENTS

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INTRODUCTION

Falls are one of the common geriatric syndromes.¹ The need to reduce the number of falls in the geriatric cohort is of critical importance due to fall-related negative effects on functional independence, quality of life, morbidity, mortality and health-related costs.²

Risk factors for falls may be classified as either intrinsic (person-specific) or extrinsic (environmental). Commonly falls may arise as a combination of these risk factors. Drug interactions and/or polypharmacy have also been found to widely contribute to falls.²

Pharmacists play an important role in falls prevention.³ Within the hospital setting, the clinical pharmacist is well centred to assess polypharmacy, co-morbidities and the use of fall risk increasing drugs (FRIDs).

AIM

- To identify key intrinsic risk factors for falls in older patients and to seek to propose systems to reduce falls risk in an attempt to improve patient outcome.

OBJECTIVES

- To determine and quantify intrinsic risk factors for falls in older patients with recurrent falls and/or fractures
- To identify FRIDs in older people who had 'falls' or 'fractures' as a cause of hospital admission
- To create an assessment tool to identify intrinsic risk factors for falls which may be utilised by health care professionals to reduce falls risk and improve patient outcome

METHOD

Research Setting

- Karin Grech Rehabilitation Hospital (KGRH), a 290-bed rehabilitation hospital situated in Pieta, Malta
- Specialising in the active rehabilitation of adult patients with various neurological, musculoskeletal, orthopaedic and other medical conditions

Research Design

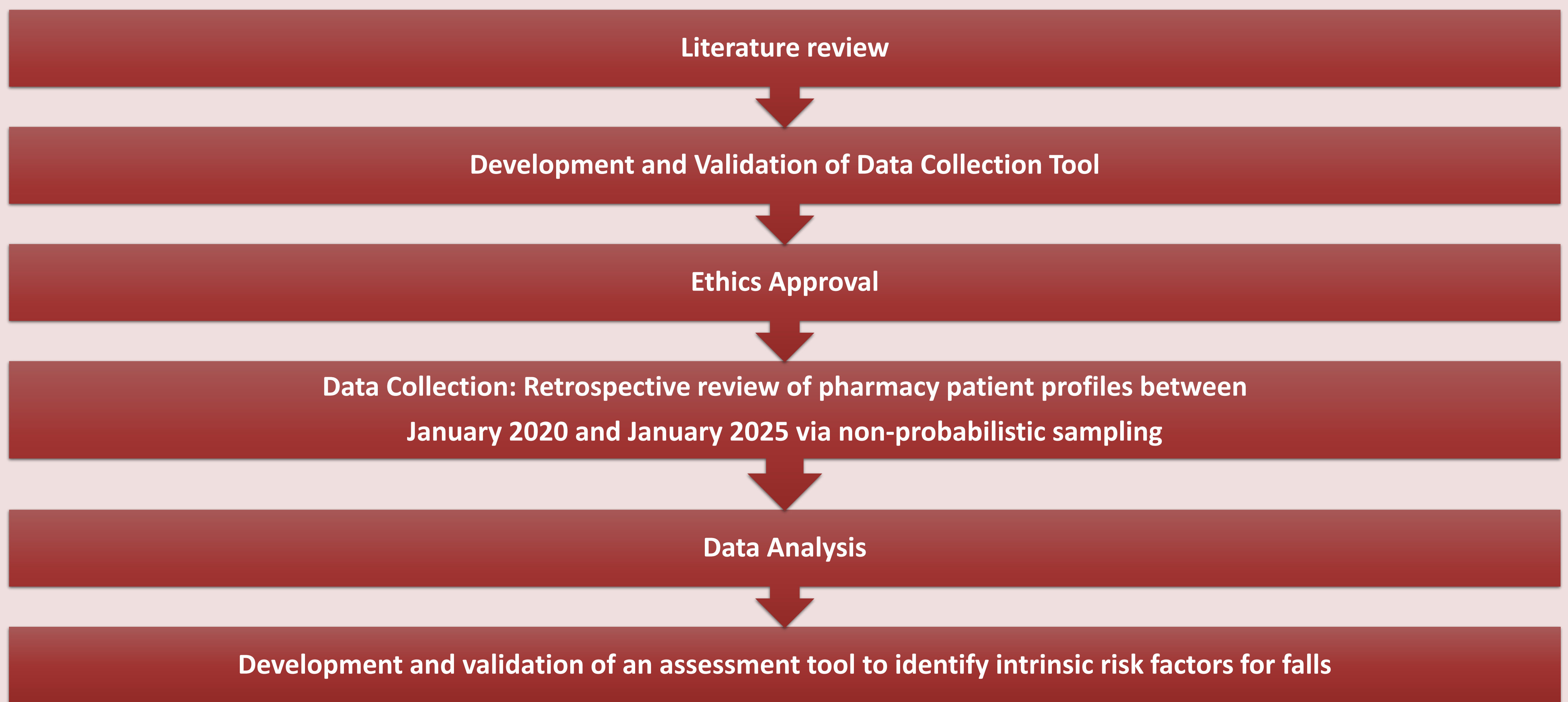
- Retrospective analytical cross-sectional study

Inclusion criteria

- Patients 65 years and over admitted with falls with/without fractures to KGRH

Domains of Data Collection Tool

- Patient Code
- Reason for Referral
- Patient Demographics
- Co-Morbidities
- FRIDS⁴
- Polypharmacy



DISCUSSION

By identifying the intrinsic risk factors which may contribute to falls, pharmacists will be in a better position to optimise medication use, liaise with the multidisciplinary team and provide advice regarding effective deprescribing practices.

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