

Drugs contributing to Falls in Elderly Patients - Summary Clinical Guideline

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Medications and falls prevention in the older person.

Falls may be due to recent medication changes, but are usually caused by medicines that have been given for a long time without appropriate review.

Medicines are just one of many factors that can increase the risk of falling. Other factors contributing to falls include:

Motor problems, physical problems, environmental problems, cognitive problems, behavioural problems, cardiovascular problems, neurological problems.

Relevant drugs have been graded according to their potential risk to cause fall.

RED: High risk - should prompt a referral for a medication review.

AMBER: Medium risk - should prompt a referral for a medication review after consideration of other risk factors that may have contributed to fall.

Any patient with Parkinson's disease is at high risk of falls because of the disease and medication so should be reviewed if falling.

Patients with a fall in the last year who are taking four or more medicines, of which at least one is graded as medium or high risk should be referred for medication review as soon as possible. That medication review should give consideration to falls risk alongside the patients other medical history.

Report to prescriber if:

Falls in last year, effect of prescribed drug i.e. effect on sleep/behaviour/seizures/pain, reason for prescription not known, side effects (see table for likely effects), poor compliance.

Patients with a fall in the last year taking four or more medicines, where none of those medicines have been graded as medium or high risk should continue to have their medication reviewed as normal.