



Understanding and Assessing Specific Risk Factors for Falls

- Is depressed or seems "down" or sad
- Has cognitive impairment - Cognitive impairment of any degree may result in a person being less alert to environmental fall hazards and less able to effectively prevent a fall in progress. It is particularly important to do home safety and environmental checks, assuring appropriate furniture and assistive devices. Consider medication reminder systems such as medication cassettes and reminder telephone calls.
- Has fallen in the last six months-Two-thirds of those who fall will fall again in the next six months.
- Has poor vision-Cataracts, macular degeneration and glaucoma can affect perception and make it difficult to see obstacles.
- Is taking several medications-Taking four or more medications or any psychoactive medications increases one's chance of falling, as do sedatives, hypnotics, anxiolytics, and antidepressants.
- Is a white woman or man-White men have the highest fall rates, followed by white women. Women are three times more likely than men to be hospitalized for fall related injuries. Women sustain 80% of all hip fractures.
- Is age 85 years or older-People age 85 and older are 10 to 15 times more likely to sustain a hip fracture than those ages 60 to 65.
- Leads a sedentary lifestyle - A sedentary person is more likely to have decreased muscle strength, endurance, and balance.
- Has any of several chronic diseases that affect strength, balance, gait, vision, endurance. or increase pain-Examples of this include Parkinson's disease, history of stroke, osteoporosis (especially women), chronic lung disease, arthritis, cataracts, or incontinence.
- Has skeletal or muscular problems-Examples of this include reduced lower extremity strength, reduced grip strength, and hip or knee pain.
- Has various environmental hazards in the home
- Has recently been hospitalized-One is at greater risk of falls in the first two weeks home after a hospital stay.