



Clinical Digest

ONLINE EDITION

FALLS

Speaking of Falling

When you suspect that an older patient may have fallen since the last visit, you might need to ask to find out. According to a study from the Centers for Disease Control and Prevention in Atlanta, Georgia; University of Alabama in Tuscaloosa, Alabama; and Centers for Medicare and Medicaid Services in Baltimore, Maryland, the patient won't necessarily volunteer the information—especially if the patient is a man.

The researchers analyzed data from men and women in the 2005 Medicare

Current Beneficiary Survey. Of 2,794 respondents who reported falling in the previous year, fewer than half talked with a health care provider (HCP). However, significantly more women than men sought medical care (38% vs 24%), talked with an HCP about falls (50% vs 36%), talked with an HCP to understand why they fell (38% vs 28%), or talked with an HCP about preventing falls (31% vs 24%).

For both men and women, the strongest risk factors for falls were being limited in 2 or more activities of daily living, having 2 or more functional limitations (for men, these increased the odds of falling by 45%),

and often being sad or depressed. For men, falls were associated with dementia; for women, with coronary artery disease and stroke.

The researchers comment that many older adults hesitate to discuss falling, because they fear that it might lead to losing their independence. In this study, people who had fallen ≥ 3 times were more likely to talk with a HCP. The researchers suggest raising the topic even if the patient doesn't—especially with older men. ●

Source: Stevens JA, Ballesteros MF, Mack KA, Rudd RA, Decaro E, Adler G. *Am J Prev Med.* 2012;43(1):59-62.
doi: 10.1016/j.amepre.2012.03.008.