

FALLS PREVENTION IN OVER 65s

CATCHING PATIENTS BEFORE THEY FALL



FALLS ARE COMMON AND COSTLY

Fragility fractures cost the NHS:¹
£4.4 BILLION PER YEAR

30% OVER 65s | **50% OVER 80s** suffer at least one fall each year²

INJURIES RELATED TO FALLS ARE THE MOST COMMON CAUSE OF HOSPITAL ADMISSIONS FOR OLDER PEOPLE³

UP TO 25% OF OLDER PEOPLE ARE LIVING WITH MUSCLE LOSS⁴

Patients with muscle loss are up to:^{5†}
89% GREATER RISK OF FALLS
84% GREATER RISK OF FRACTURES

FALLS HAVE A SIGNIFICANT IMPACT ON PATIENT AND NHS OUTCOMES

Annual hip fracture cost¹
£2 BILLION
1.8 MILLION HOSPITAL BED DAYS

Falls are associated with:¹
OVER 220,000 EMERGENCY HOSPITAL ADMISSIONS

FALLS CAN LEAD TO:^{3,5-7}

- INCREASED GP APPOINTMENTS / HOSPITAL ADMISSIONS
- HIGHER MORBIDITY / MORTALITY
- IMPAIRED RECOVERY FROM ILLNESS / SURGERY
- LOWER QUALITY OF LIFE

FALLS AND FRACTURES CAN BE PREVENTED⁸⁻⁹

Malnutrition and muscle loss are key contributors to falls risk^{3,6,9-10}

FALLS ARE OFTEN SEEN AS A NATURAL PART OF AGEING
NUTRITIONAL RISK IS OFTEN NOT ASSESSED UNTIL AFTER FALLS HAVE ALREADY HAPPENED¹¹⁻¹²

Fragility fracture risk should be assessed in patients aged 50+ who have/are:⁹

- CHRONIC DISEASE
- LOW BMI
- FALL / FRACTURE HISTORY
- SMOKER
- HIGH ALCOHOL INTAKE

INTERVENTION WITH ORAL NUTRITIONAL SUPPLEMENTS COULD MEAN:^{8,13}

UP TO 61% REDUCTION IN FALLS[^] | **POTENTIALLY SAVING THE NHS ~£1.4 BILLION PER YEAR^{**}**

FALLS PREVENTION CAN SIGNIFICANTLY REDUCE HOSPITAL ADMISSIONS, GP APPOINTMENTS AND OTHER RELATED TREATMENTS¹⁴

WHEN YOU SEE A PATIENT AGED 50+, HELP THEM AVOID FALLS BEFORE THEY HAPPEN:

Screen for malnutrition & muscle loss

CLICK FOR MORE INFORMATION



Consider nutritional intervention to reduce age-related muscle loss and improve physical performance

CLICK FOR MORE INFORMATION

FOOTNOTES: ^{*}sarcopenia - an age-related progressive loss of muscle mass and strength †than non-sarcopenic patients [^]As demonstrated in a clinical study of malnourished older adults that showed 61% less falls in the intervention group than in the control group ^{**}calculated based on 61% reduction of £2.3 billion annual cost of falls to NHS⁸
References: **1.** Falls: applying All Our Health. GOV.UK 2022. Available online: <https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health>. **2.** Mackenzie L & McIntyre A. *Front Public Health* 2019;7:32. **3.** Appeadu MK & Bordonni B. *Falls and fall prevention in older adults* 2023. Available online: <https://www.ncbi.nlm.nih.gov/books/NBK560761/>. **4.** Holdoway A & Ashworth A. *Managing Adult Malnutrition in the Community*;1-7. Available online : https://www.malnutritionpathway.co.uk/library/factsheet_sarcopenia.pdf. **5.** Yeung SSY et al. *J Cachexia Sarcopenia Muscle* 2019;10(3):485-500. **6.** Holdoway A & Nash L. *Falls Fact Sheet* 2019:1. Available online: <https://www.malnutritionpathway.co.uk/falls.pdf>. **7.** Pourhassan M et al. *Nutrients*. 2020 May 12;12(5):1387. **8.** NICE. *Overview | Falls in older people: assessing risk and prevention | Guidance | NICE* 2013. Available online: <https://www.nice.org.uk/guidance/cg161>. **9.** NICE. *Osteoporosis - Prevention of fragility fractures | NICE* 2023. Available online: <https://cfs.nice.org.uk/topics/osteoporosis-prevention-of-fragility-fractures/management/assessment/>. **10.** Kupisz-Urbanska M & Marcinowska-Suchowierska E. *Nutrients*. 2022;14(15):3123. **11.** Julius M et al. *Fed Pract*. 2017 Feb;34(2):27-30. **12.** Serón-Arbeloa C et al. *Nutrients*. 2022 Jun 9;14(12):2392. **13.** Moon KT. *Am Fam Physician*. 2012;86(7):676. **14.** Meeke, WMA et al. *BMC Fam Pract* 2021;22,190