

Falls and the use of health services in community-living elderly people

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SUMMARY

Falls are common and often preventable in older people. This short report describes substantial unmet need in relation to falls. Although falling, nearly falling, fear of falling, and activity restriction are common, many people do not seek assistance from healthcare professionals. Only 2% of those who had attended their general practitioner (GP), a casualty department, or had been admitted to hospital after a fall were taking drugs to protect against osteoporosis. People who have fallen or are at a risk of falling need to be identified, and local policies and information regarding treatment for osteoporosis are needed.

Introduction

THE National Service Framework for Older People (NSF) suggests that specialised falls services be established throughout England in collaboration with primary and social care professionals, to provide effective treatment, rehabilitation, and advice on prevention of falls.¹ Both injurious and non-injurious falls should be reviewed, as these may lead to loss of functional independence and confidence and to increased risk of falling again. This paper considers the resource implications of this national policy in an elderly community-based population in southwest England. It describes their incidence of falling, nearly falling, and their fear of falling. The proportion of older people who subsequently attend health services and their use of drug therapy for osteoporosis are also discussed.

Method

A postal questionnaire was sent to a random sample of 2000 elderly people stratified by age and sex (equal numbers of men and women, aged 65 to 74 years and aged 75 years or above) registered with 11 general practices in Bristol. It included registered patients in rest home and nursing homes. Questions were included about falling, nearly falling, fear of falling, activity restriction, subsequent use of NHS resources, and current prescribed medication. A fall was defined as an event where the subject had 'unintentionally ended up on the ground or at some lower level in the past 12 months', as used in previous research.²

Results

A total of 1540 people (79%) returned a completed questionnaire (22 had died and 25 had moved). Fifteen per cent of responders reported that they had received help completing the questionnaire. As expected, falls were common and increased with age, with 46% of men and 55% of women aged 85 years or more falling at least once in the previous year (Table 1). Of those who had fallen, about half had fallen more than once. Nearly falling and being afraid of falling were also common, more so in women than men. Forty-six per cent of men and 40% of women who were afraid of falling had reduced their activities because of this.

Two hundred and forty-nine people who had fallen provided information about what they had done after the fall, and 129 of these reported they had attended casualty, their general practitioner (GP) or had been admitted to hospital. Five hundred and thirteen people who had fallen or nearly fallen provided information about their subsequent use of health services and only 209 (41%) of these had discussed the fall or near fall with their GP, nurse, pharmacist, or other health worker, seen an eye specialist or been referred to outpatients.

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HOW THIS FITS IN

What do we know?

Falls are common in older people, with severe physical, social, psychological, health, and social care costs. There is growing evidence that falls can be prevented. Falls have been identified as a key target for treatment and prevention in the National Service Framework for Older People.

What does this paper add?

Many older people who fall do not present for medical help. Very few older people who have fallen are currently receiving treatment to protect against osteoporosis. We must improve case finding in relation to falls, and the assessment and treatment of osteoporosis.



Of the 675 people who had fallen or nearly fallen in the previous year, only six (1%) had been prescribed medication to protect against osteoporosis (calcitonin, biphosphonates, hormone replacement therapy, calcium or vitamin D supplements). The proportion of people on these treatments was also low for those who had attended casualty, their GP or had been admitted to hospital following a fall (two of the 129 [2%] who had used these services).

Discussion

These findings suggest that implementing effective falls ser-

vices will present a significant challenge to practitioners and policy makers. In fact, the incidence of falling and nearly falling may be higher than presented here as non-responders may have been more physically frail, more cognitively impaired, with poorer dexterity and worse visual acuity, or may have lacked a close relative or carer, and may therefore have been at a greater risk of falling. The data indicates that there is currently substantial unmet need in relation to falls. Only 41% of study subjects who had fallen or nearly fallen reported any associated contact with NHS services; this may be an overestimate as non-responders are less likely to have been service users. Although the self-reported contact with healthcare professionals and prescription data were not corroborated against patient records, others have found that elderly people provide valid responses on service utilisation.³ The resource implications of the NSF for older people are therefore likely to be substantial, particularly with increasing numbers of very old people in the population. A comprehensive falls service must also assess older persons' fear of falling as this can lead to social isolation and activity restriction,⁴ which will inevitably place further demands on services.

People who have fallen, nearly fallen or are afraid of falling should be identified and more appropriately managed in primary care consultations and during screening procedures, such as the over-75 health check, as much can be done to help.^{5,6} As one in three women and one in 12 men over the age of 50 years are affected by osteoporosis,¹ the finding

Table 1. The prevalence of falls, nearly falling, fear of falling (numbers vary due to missing data).

	65-74 years	75-84 years	85+ years	Total
The number of times people had fallen <i>n</i> (%)				
Men				
Never	305 (86)	257 (76)	38 (54)	600 (78)
Once or more	51 (14)	81 (24)	33 (46)	165 (22)
Women				
Never	266 (77)	201 (70)	34 (45)	501 (70)
Once or more	81 (23)	88 (30)	41 (55)	210 (30)
The number of times people had nearly fallen <i>n</i> (%)				
Men				
Never	256 (74)	199 (63)	28 (41)	483 (66)
Once or more	88 (26)	119 (37)	41 (59)	248 (34)
Women				
Never	199 (62)	134 (52)	24 (36)	357 (55)
Once or more	123 (38)	122 (48)	42 (64)	287 (46)
How afraid people were about falling <i>n</i> (%)				
Men				
Not afraid	255 (76)	215 (68)	29 (45)	499 (70)
A little afraid	64 (19)	77 (25)	23 (36)	164 (23)
Moderately/very	18 (5)	22 (7)	12 (19)	52 (7)
Women				
Not afraid	140 (44)	111 (41)	11 (15)	262 (40)
A little afraid	132 (42)	99 (40)	39 (54)	270 (41)
Moderately/very	43 (14)	58 (22)	22 (31)	123 (19)
Activity restriction in those who were afraid of falling <i>n</i> (%)				
Men				
None	32 (39)	43 (43)	14 (40)	89 (41)
Reduced activities	33 (40)	47 (47)	20 (57)	100 (46)
Don't know	17 (21)	9 (9)	1 (3)	27 (13)
Women				
None	106 (61)	74 (47)	22 (36)	202 (51)
Reduced activities	49 (28)	68 (43)	38 (62)	155 (40)
Don't know	20 (11)	15 (10)	1 (2)	36 (9)

that only 2% of those who had attended their GP or casualty department, or had been admitted to hospital after a fall were taking drugs to protect against osteoporosis, suggests that primary and secondary care professionals might need further education about the assessment and management of osteoporosis. Identifying osteoporosis after a fall is an important opportunity to identify those patients where drug treatment is likely to be cost effective with respect to achieving a reduction in fractures.¹ There is a strong case for the new primary care organisations to prioritise falls services as they develop shared services for health and social care.

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