# Rapid Recap

We're now on ParaPass

2 MIN

NHS North West Ambulance Service NHS Trust

# Falls

Issue #7 – September 2023

## What ???

Falls and falls-related injuries can occur at any age. Falls are not an inevitable part of aging, though **a combination of risk factors increases the likelihood of falls in older adults**. Associated with increased morbidity, mortality, and health related costs, falls negatively affect functional independence and quality of life.

Falls are often a symptom of an underlying pathology. Either **acute** (e.g. infection or exacerbation of a pre-existing condition) or a **gradual deterioration** (e.g. frailty, medication side effects, balance & mobility issues).

Causes of falls are multifactorial and often an interaction of multiple risk factors. Risk factors can be classified into three categories: ● **Intrinsic** factors (person-related) ● **Extrinsic** factors (environment) ● **Behavioural** (risk-taking activity).

**>The term 'mechanical fall' is no longer advised<**

Individuals may develop a fear of falling post fall or trip, impacting their psychological well-being.

## So what

**Orthostatic hypotension** (OH) is a significant **intrinsic** risk factor for falls and syncope, increasing the risk of trauma induced fractures, head injury and hospitalisation.

**Definition of OH:** a sustained reduction in systolic blood pressure (BP) of ≥20 mmHg, or ≥10 mmHg drop in diastolic BP, or a decrease in systolic BP <90 mmHg within three minutes of standing.

OH is often associated with **pre-syncopal** symptoms and **weakness** when standing. This may lead to **syncope** if not managed appropriately. OH recognition in older adults may be complicated due to an **asymptomatic presentation** (very common).

"**I must have tripped**" - was OH a causative factor?

OH is caused by multiple factors which often overlap: ● **Autonomic dysfunction** (Parkinson's disease or diabetes can disrupt the baroreceptor reflex). ● **Volume depletion** due to dehydration. ● **Adverse medication effects** from drugs such as anti-hypertensives, antipsychotics, and antidepressants.

## Now what

**Think:** Is the fall intrinsic, extrinsic, or behavioural; or a combination? First exclude Red Flags (JRCALC).

**Assess:** ● Analyse a 12 lead ECG for all potential intrinsic causes of falls. ● Measure a lying and standing blood pressure (LSBP) to identify OH:

1. The patient lies down for 5 mins > measure BP
2. Ask the patient to stand for 1 min > measure BP
3. While still standing for 3 mins > measure BP

If Red Flags (JRCALC) are excluded, then consider a referral to community services or GP for further investigations or a medication review.

See JRCALC and PARAPASS for more.

ParaPass

jrcalc PLUS