



PREVENTING FALLS

A third of people over 65 fall every year and those with dementia are even more likely to fall. Anyone who falls will experience shock, anxiety and loss of confidence, if not physical damage such as fractures, bruising or head injury. A fall may make the older person afraid to go out and limit her activities, so she becomes isolated. Falling is a major worry for the families of people with dementia and often the reason that they finally decide the person needs 24-hour care. Falls are also common in residential care and in hospitals.

People with dementia may have trouble rehabilitating from a fracture and hospitalization can be very distressing. For these reasons it is important to do what we can to prevent the person falling in the first place.

Why do older people fall?

As we get older and frailer, our muscles become weaker and joints stiffer, balance deteriorates, the vascular system is less responsive to changes in posture, the heart beat may be abnormal causing faints, eyesight and other senses become less acute. Older people take a variety of prescription and over-the-counter medicines, and these can interact or have side-effects that cause loss of balance. There is usually more than one reason for the person falling.

What makes people with dementia even more likely to fall?

Physical changes in dementia:

It is not just the mind that is affected in dementia. In vascular dementia there are changes in balance and walking ability because of poor blood supply to the brain. People with Lewy Body or Parkinsons-related dementia often have brief blackouts and /or a drop in blood pressure when they stand up. As Alzheimer's disease progresses people become weaker, eventually losing the ability to stay upright. Epilepsy occurs in up to 20% of people with Alzheimer's disease; falling during a seizure can cause injury. People who are incontinent risk slipping in the puddle on a non-carpeted floor.

People with dementia have very sensitive brains and even a minor physical illness or change in medication can cause acute confusion (delirium) making the person more at risk of falling.

Cognitive changes:

Someone with poor memory will forget that there is a hazard in the environment such as an uneven footpath or a rug they have previously slipped on. If judgment is poor, the person with dementia may take risks that make them more likely to fall, such as climbing in the window when they have locked themselves out. Sometimes people lose the ability to perceive depth. This means that they may miss a step, lose their balance on a slope or sit down prematurely before they have their bottom on the chair. Even if a risk is recognized, someone with dementia can have trouble working out what to do about it or be too slow to respond.

Once the person has fallen, they may not recall how to get help and often forget to use their emergency alert button or the phone numbers of family or neighbours.

Psychological and behavioural changes

Hallucinations (perceiving things that are not there) e.g. hearing someone in the garden at night, and delusions (false beliefs) e.g. that the nursing staff are trying to harm me, are very common. People can respond to these psychotic symptoms with risky behaviour e.g. charging out into the garden in the dark or resisting the help of care-staff. Any degree of anxiety, agitation or depression will make the person less aware of external hazards.

What to do

- **Make the home environment safer**

Remove mats, trailing electric cords, low stools or anything that the person might trip on. Put handrails near steps, toilet, bath etc. Get irregular parts of paths smoothed over and install a night-light so the person is not wandering in the dark. If possible get an occupational therapist to assess the home for risk. See also Alzheimers NZ information Sheet No. XXX re Safety around the Home.

People with dementia do better in a familiar environment and making too many changes at once can be disorientating. Explain why (for example) you are taking the mat away and remove it from the house; otherwise it is likely to be back in its old place next time you visit!

- **Make the person safer**

Cleaning someone's glasses can be one of the best

ways to improve their vision. Take a trip to the optician or to have their hearing aide tested; the better they perceive the environment, the safer they will be. Make sure they have good footwear and are not going to trip over their slippers. Take them to the podiatrist if their feet need attention.

Ensure that nutrition is good and they are drinking plenty—but avoid alcohol, which can make any of us tottery, but especially those with frail brains and bodies.

- **Maintain the person's physical health**

Even an apparently minor decline in the person's physical health such as a bladder infection or constipation can increase confusion and affect balance. If the person is uncharacteristically wobbly on their feet or more muddled, assume there is an underlying physical cause and get the person to the doctor.

Arthritis, heart problems, diabetes, hypertension, pain and other chronic physical conditions need careful medical management so that they are neither under- nor over- treated. Carers should try to ensure that the GP regularly sees the person with dementia and that they adhere to treatment. Sometimes easier said than done!

- **Treat behavioural and psychological symptoms that put the person at risk**

Only those symptoms that are dangerous, cause distress to the person with dementia or reduce quality of life need treatment. Because medication for these problems has serious side-effects, other, non-pharmaceutical approaches should be used first. (See information sheet no. yyyy). If medication is used, it should be in the lowest dose for the shortest time possible. Ask about possible side-effects and watch for these. Supervise the taking of medication if necessary.

- **Ask GP to review medication**

The drugs commonly associated with falling are: antidepressants, anti-psychotics (used for delusions and hallucinations), anxiety and sleeping medication, anticonvulsants (for epilepsy) and some drugs taken for abnormal heart rhythms. It is always a balancing act, deciding whether the benefits of the drug outweigh the side-effects. For example, it is often kinder to treat depression and accept the risk of falling than to let someone continue in misery and despair. However, if

treatment is necessary it is often possible to use a low dose or change to a drug less likely to cause a fall.

- **Keeping active**

People with dementia often become apathetic and find it hard to remain involved in their usual activities. They go out less and take less physical exercise. Joining an Alzheimers Society walking group or a gym may help them keep fit. Balance and gait training: the Otago Exercise Programme or modified tai chi, are available to older people in many areas. People with mild-moderate dementia may be able to benefit from these classes. (For information check www.acc.co.nz or call 0800THINKSAFE, 0800 844 657)

- **Preventing injury**

Hip protectors, worn in special underwear effectively prevent hip fractures. These are obtainable via www.impactwear.co.nz or through your GP or geriatric service. Sometimes, however, they are not well-tolerated by people with dementia and they can be difficult to pull down quickly to go to the toilet (Get the gusset-less ones if available). Talk to the GP about treatment for osteoporosis or with Vitamin D.

- **In residential Care**

Supervision is the main way to prevent falls; staff need to know that "just" watching is "doing" something very useful. Staff can document where and when falls occur and change the environment or level of observation as necessary. People may trip in the bustle around meal time, during a shift change, when interacting with other residents or at night getting up to the toilet. (Consider a pressure alarm pad.) There is rarely any justification for physically restraining a person to prevent falls. Being confined to a chair makes people "lose condition" so that when they do fall, they are more likely to seriously injure themselves.

A note...

Despite our efforts, we cannot prevent all falls... whether the person with dementia is at home or in care. As in all areas of dementia care you have to weigh up the risks and benefits. A fall may not be the worst thing that could happen to someone. Deprivation of home or freedom might be worse, and the person with dementia and their family/ whānau may be prepared to

Alzheimers New Zealand has a range of information sheets and booklets available for people with dementia, their carers, families and whānau. Alzheimers member organisations located throughout New Zealand provide a variety of services and support to all people affected by dementia. Contact your local organisation on freephone 0800 004 001.

This information sheet provides a general summary only of the subject matter covered and is not a substitute for informed professional advice. Any person with dementia or their carer or family/whānau should seek professional advice about any individual case. Alzheimers New Zealand is not liable for any error or omission in this publication, as a result of negligence or otherwise. This information sheet was produced in March 2010.

Alzheimers New Zealand – National Office Level 1, 4-12 Cruickshank Street, PO Box 14768, Kilbirnie, Wellington 6241
Phone 04 387 8264 **Facsimile** 04 387 8264 **Web** www.alzheimers.org.nz **Member** Alzheimer's Disease International
Contact your local organisation on freephone 0800 004 001 **Charity registration** CC21026