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Explaining Epidemiological Factors of Falls to Older Adults

Freedom to Age Well Series

Spotlight Brochure

Epidemiological Factors of Falls

Falls are a serious, epidemic problem. This year, one-third of Americans age 65 or older—about 16 million seniors—will fall.¹ And almost half, many of whom live alone, won't be able to get up on their own.² Moreover, the longer the lie time after a fall, the greater the incidence of serious consequences that are otherwise preventable. These can include need for hospitalization, loss of independent living, and even death.³

1. Rubenstein, Laurence Z., MD, MPH, "Falls in the Elderly." *Merck Manual of Geriatrics*, Last full review/revision November, 2013, in conjunction with 2015 US Census data. www.census.gov/prod/2014pubs/p25-1140.pdf.

2. Tinetti, M.E., Liu, W., Claus, E.B., "Predictors and Prognosis of Inability to Get Up After Falls Among Elderly Persons," *JAMA*, 1993;269(1):65–70. doi:10.1001/jama.1993.03500010075035.

3. Gurley R.J., Lum N., Sande M., Lo B., Katz M.H., "Persons Found in Their Homes Helpless or Dead," *NEJM*, 334(26): 1710–1716 (1996).

The mortality rate from falls has been determined to be:

67% when lie times are more than 72 hours

AS OPPOSED TO

12% when lie times are less than one hour³

Of survivors found alive,

62%

were hospitalized and approximately half required intensive care³

Of survivors, **over**

62%

were unable to return to independent living³

The reality is not all falls can be prevented

One out of three people age 65 and older will fall this year.⁴ This educational tool tells how the Connect America Medical Alert Service with automatic fall detection can make a meaningful difference before a fall, after a fall, and even in cases where falls are a more frequent occurrence.



2.7 million older adults
treated in emergency departments
for non-fatal injuries⁵

1,643,000 (62%)
of all nonfatal ED visits were attributed
to falls⁵

427,000 (16%)
were hospitalized⁵

4. Tromp, A.M., Pluijm, S.M.F., Smit, J.H., et al., "Fall-risk screening test: a prospective study on predictors for falls in community-dwelling elderly," *J Clin Epidemiol*, 2001;54(8):837–844.

5. Center for Disease Control, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5242a4.htm>.

How can we help older adults understand their falls risk?

Helping your seniors acknowledge their level of risk can be difficult. Older adults generally want to stay in control. All too often they accept their need for added support only after a serious fall.

Toward that end, use this educational piece with your seniors to demonstrate how subscribing to the Connect America Medical Alert Service with automatic fall detection⁶ before a fall occurs can make a meaningful difference in lessening potential dire consequences.

6. Automatic fall detection does not detect 100% of falls. If able, subscribers should always push their button when they need help. Button signal range may vary due to environmental factors



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Before a Fall

Although your seniors might not have experienced a fall, they could be taking multiple medications, or having problems with sensations. Such factors could contribute to a fall.

Recommending Connect America with automatic fall detection as a means of quickly getting help in the event of a fall can provide added peace of mind and confidence at home.

7. Leipzig R.M., et al., "Drugs and falls in older people: a systematic review and meta-analysis: I. psychotropic drugs," *J Am Geriatr Soc* 47:30-39, 1999.

Medications and fall risk

Numerous factors are associated with an increased fall risk and fall-related injuries among older adults, but none are as potentially preventable or reversible as medication use.⁷ Changes in cognitive and physical function, dizziness or lightheadedness, balance difficulties, confusion, and sedation are red flags that indicate medications may be the cause.⁸

Questions to consider when identifying whether medications contributed to a fall include:

Were the medications administered prior to or after the fall?

If prior to the fall, how close to it were the medications first administered?

Did new symptoms, such as dizziness, excessive sedation, and confusion begin after the medication was started, or after a dosage change?

8. Cameron, K., "The Role of Medication Modification in Fall Prevention." Falls Free®: Promoting a National Falls Prevention Action Plan, research review papers, National Council on Aging, 2005.



After a Fall

A previous fall is one of the strongest predictors for a reoccurrence. Delayed intervention or prolonged lie times after a fall can result in secondary, serious complications that very likely require hospitalization and that might be avoided with quick access to help. The Connect America Medical Alert Service with automatic fall detection is a service to speed intervention and mitigate complications resulting from a fall.

9. Fleming J., Brayne C., "Inability to get up after falling, subsequent time on floor, and summoning help: prospective cohort study in people over 90," *BMJ* 2008; 337 :a2227 doi:10.1136/bmj.a2227

10. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed August 5, 2016.

11. Alexander B.H., Rivara F.P., Wolf M.E., "The cost and frequency of hospitalization for fall-related injuries in older adults," *American Journal of Public Health*, 1992;82(7):1020-3.

One half of older adults cannot get up from a fall without help¹²

Lie times are strongly associated with serious injury, hospital admissions, and subsequent moves into long term care.⁹

Each year, 3 million older people are treated in emergency departments for fall injuries.¹⁰

More than 95% of hip fractures are caused by falling,¹³ usually by falling sideways.¹⁴

One out of five falls causes a serious injury such as broken bones or a head injury.^{11,12}

Falls are the most common cause of traumatic brain injuries (TBI).¹⁵

12. Sterling D.A., O'Connor J.A., Bonadies J., "Geriatric falls: injury severity is high and disproportionate to mechanism," *Journal of Trauma-Injury, Infection and Critical Care*, 2001;50(1):116-9.

13. Hayes W.C., et al., "Impact near the hip dominates fracture risk in elderly nursing home residents who fall," *Calcif Tissue Int*, 1993;52:192-198.

14. Parkkari J., et al., "Majority of hip fractures occur as a result of a fall and impact on the greater trochanter of the femur: a prospective controlled hip fracture study with 206 consecutive patients," *Calcif Tissue Int*, 1999;65:183-7.

15. Jager T.E., et al., "Traumatic brain injuries evaluated in U.S. emergency departments, 1992-1994," *Academic Emergency Medicine*, 2000;7(2):134-40.



Frequent Falls

Integrating Connect America with automatic fall detection into your falls safety program provides a plan for how your seniors can reduce potential harm resulting from a fall. Recommend they subscribe to the Connect America Medical Alert Service with automatic fall detection as a means of quickly getting help after a fall or medical event.

Complications after a fall

Being down for more than two hours can increase the risk of medical problems that could be prevented by getting help quickly.¹⁶ Common complications that may affect older adults after a fall include:

Pressure ulcers

Over half of patients require subsequent care in long-term care facilities. This is particularly dangerous for diabetics who have difficulty healing soft tissue injuries.

Rhabdomyolysis

This is a common complication from prolonged lie times after a fall and can lead to a need for dialysis.

Dehydration

Dehydration can lead to confusion, postural hypotension, and delirium.

Aspiration pneumonia

This can lead to acute respiratory distress syndrome and death.

16. Gurley R.J., Lum N., Sande M., Lo B., Katz M.H., "Persons Found in Their Homes Helpless or Dead," *NEJM*, 334(26): 1710-1716 (1996).

We need to help older adults at risk for falls to develop plans that address the following two important questions:

- 1) If you were to fall tonight, would you be able to get up safely?
- 2) Then ask them: If you were injured and couldn't get up, how would you get help?



Getting help quickly is as easy as 1-2-3 with Connect America:

Connect America can help your seniors get assistance quickly in any situation – a fall, a medical emergency, or even if the subscriber is locked out of their house or car.



1. Summon help



2. Hear a reassuring voice



3. Know that help is on the way

How to get up from a fall:

A step-by-step guide detailing the correct way to get up from a fall

Source: Dr. Dorothy Baker, Ph.D., RNCS, Research Scientist, Yale University School of Medicine.

How to get help

While most people would consider getting up from a fall a simple matter, one out of five falls causes a serious injury in older adults, such as broken bones or a head injury.¹⁷ In the event of an emergency, a subscription to Connect America can help your seniors get help quickly, potentially reducing medical complications that could result from being immobile for a prolonged period.

1. Prepare



Getting up quickly or the wrong way could make an injury worse. If you are hurt, call for help using a medical alert service or a telephone.



Look around for a sturdy piece of furniture or the bottom of a staircase. Don't try to stand up on your own.



Roll over onto your side by turning your head in the direction you are trying to roll, and then move your shoulders, arm, hips, and then, your leg over.

2. Rise



Push your upper body up. Lift your head and pause for a few moments to steady yourself.



Slowly get up on your hands and knees and crawl to a sturdy chair.



Place your hands on the seat of the chair and slide one foot forward so it is flat on the floor.

3. Sit



Keep the other leg bent with your knee on the floor.



From this kneeling position, slowly rise and turn your body to sit in the chair.



Sit for a few minutes before you try to do anything else.

17. www.cdc.gov/falls/facts.html

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