



FALLS IN OLDER PEOPLE POSITION PAPER

2021

Australasian Injury Prevention Network
c/o Injury Matters | 2/297 Vincent St
Leederville | WA 6007 Australia

Email: secretariat@aipn.com.au
Twitter: @theAIPN

BACKGROUND

A fall is defined by the World Health Organization as an incident when an individual inadvertently comes to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other object.¹

Older people are defined in this position paper as people 65 years and older.

Globally falls are the second highest cause of unintentional injury deaths, making it a significant public health problem.² In addition to a fatality, a fall can result in injury, long-term disability, psychological consequences and reduce an individual's quality of life.¹

The frequency and severity of falls increases with age, with approximately one in three community-dwelling people over the age of 65 falling every year.³ Not all falls are injurious, it estimated that approximately 10% of falls in older adults result in injury⁴.

In Australia from 1 July 2016 to 30 June 2017 an estimated 125,021 people aged 65 years and over were hospitalised for a fall-related injury⁵, and in the 2018 calendar year, 744 people aged 85 years and over died as the result of a fall.⁶ While in New Zealand in 2016, 21,520 people aged 65 years and over were hospitalised⁷ and 469 people died due to a fall.⁸ Falls and fractures in people over the age of 65 currently cost the New Zealand Accident Compensation Corporation (ACC) \$195 million per annum.⁹

In Australia 1 in every 8 days spent in hospital by a person aged 65 and over in 2016-17 was due to an injurious fall⁵. The most common area of the body injured as a result of a fall in older adults is the head (26%) followed by the hip and thigh (22%)⁵

As part of the natural ageing process, older adults can experience changes in their physiological health, which influences their ability to conduct activities of daily living and increases their risk of experiencing a fall. In particular, older adults are at a heightened risk of experiencing a fall due to age-related biological changes, including decreased muscular strength, cardiovascular output, muscle mass, balance and the presence of chronic health conditions.¹

Despite the frequency and severity of falls increasing with age, healthy lifestyle behaviours, and evidence-based interventions that address the modifiable risk factors for falls can prevent falls in older adults.¹⁰


POSITION OF THE AIPN

The AIPN recognises that:

- Given Australia¹¹ and New Zealand's¹² ageing population, without greater intervention, the incidence of falls is likely to continue to increase.
- There are a range of biological, behavioural, environmental and social factors that increase an older adult's risk of having a fall, including; a history of falls, impaired balance, reduced muscle strength, environmental hazards, chronic medical conditions, medication consumption, impaired vision, impaired cognition, poor diet, inappropriate footwear and a fear of falling.⁴
- Some population groups experience a higher incidence of fall-related hospitalisations including; Aboriginal and Torres Strait Islander peoples¹³, patients within a hospital¹⁴, and people living in residential aged care facilities.⁵
- Strategies, including the Australian National Women's Health Strategy 2020-2030¹⁵, the Australian National Men's Health Strategy 2020-2030¹⁶, and the New Zealand Healthy Ageing Strategy¹⁷, recognise the need to implement activities that support older adults to live healthy and independent lives.

The AIPN acknowledges that:

- The implementation of effective falls prevention programs can reduce an older adult's risk of falling, health care costs, the demand for aged care services, and increase older adults quality of life.
- Improved falls prevention awareness, and the actioning of protective behaviours are needed across the whole population.¹
- The potential effectiveness of specific falls prevention interventions is influenced by the setting, and therefore this should be considered when selecting a falls prevention intervention.^{4,18,19}
- Individuals can experience a range of barriers to participating in falls prevention interventions including a belief that the activities are for frail elderly people and do not apply to them.²⁰
- Due to the multifactorial nature of falls, to reduce the incidence of falls a multidisciplinary and systemic approach is required.¹
- Evidence supports exercise programs that involve more than three hours of exercise per week and include a high challenge to balance (including strength, flexibility, and endurance) can have improved health outcomes and reduced rates of falls within



community-dwelling older adults.²¹ In particular, the Otago Exercise Programme²², Lifestyle Integrated Functional Exercise (LiFE) program²³, and Tai Chi for Arthritis²⁴ are strength and balance based programs that have been proven to be effective in reducing participants' falls risk.

- Research results indicate that interventions that involve a home safety assessment and modifications are effective in reducing the rate of falls and risk of falling, particularly among individuals who are at higher risk of falling.²⁵
- There is limited evidence regarding the impact of falls prevention interventions that only include an education component on the participant's rate and risk of falling.²⁵
- Capacity building is necessary for increasing health professional's knowledge of falls-prevention strategies and influencing their client's risk of having a fall.¹

RECOMMENDATIONS

- Review and update the 2009 Australian Commission on Safety and Quality in Healthcare's Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian hospitals¹⁸, residential aged care facilities¹⁹, and community care⁴.
- Due to the protective nature of strength and balance exercises, strategies should be implemented to increase older adults' access to affordable evidence-based exercise programs.
- Prior to conducting new exercises, older adults should consult with their doctor and complete a pre-exercise screening to minimise the risk of any adverse events following participation in activities.
- Appropriate education programs are needed to raise older adults' awareness of falls and increase their knowledge of falls prevention strategies.
- Capacity building opportunities, including training, networks, and resources, should be made available for health care professionals regarding evidence-based falls prevention strategies.
- Targeted interventions should be developed and implemented to support population groups who have an increased risk of experiencing a fall.
- Advocacy activities are needed regarding the importance of general practitioners conducting validated falls risk assessments with their patients and implementing interventions that systematically address all risk factors identified.

LINKS

Key informing documents:

- [World Health Organization, Global Report on Falls Prevention in Older Age](#)
- [Australia Institute of Health and Welfare, Trends in hospitalisations due to falls in older people 2007-08 to 2016-17](#)
- [Australian Commission on Safety and Quality in HealthCare, Preventing Falls and Harm From Falls in Older People – Best Practice Guidelines for Australian Community Care](#)
- [National Public Health Partnership, The National Falls Prevention for Older People Plan: 2004 Onwards](#)
- [Cochrane Review, Interventions for preventing falls in older people living in the community](#)

Leading organisations and programs:

- [Active and Healthy NSW](#)
- [Australian and New Zealand Falls Prevention Society](#)
- [Department of Health Victoria](#)
- [Falls Prevention in SA](#)
- [Injury Matters' Stay On Your Feet® program](#)
- [Live Stronger For Longer](#)
- [MyAgedCare](#)
- [National Ageing Research Institute \(NARI\)](#)
- [NSW Falls Prevention Network](#)
- [Queensland Stay On Your Feet®](#)

AUTHORS & ACKNOWLEDGMENTS

This position paper was prepared by Roisin Sweeney, Rachel Meade, Lara Harvey and Russ Milner. Reviewed by the Australian New Zealand Falls Prevention Society and approved by the AIPN Executive Committee.



ABOUT THE AIPN

The Australasian Injury Prevention Network (AIPN) is the peak body in Australia and New Zealand advocating for injury prevention and safety promotion. The AIPN represents injury researchers, policy makers and practitioners across Australia and New Zealand.

The Australasian Injury Prevention Network acknowledges and pays respects to the First Custodians of the many lands on which its work takes place.

The AIPN has been in operation since 1996.

DISCLAIMER

The author(s) declare(s) that there is no conflict of interest.

CONTACT

Dr Ben Beck, President, Australasian Injury Prevention Network: ben.beck@monash.edu


General enquiries: secretariat@aipn.com.au

Media enquiries: communications@aipn.com.au

REFERENCES

1. World Health Organization. *WHO Global Report on Falls Prevention in Older Age*. (2007).
2. World Health Organization. Falls. <https://www.who.int/news-room/fact-sheets/detail/falls> (2018).
3. Lord, S. R., Ward, J. A., Williams, P. & Anstey, K. J. An epidemiological study of falls in older community-dwelling women: the Randwick falls and fractures study. *Australian and New Zealand Journal of Public Health* **17**, 240–245 (1993).
4. Australian Commission on Safety and Quality in HealthCare. *Preventing Falls and Harm From Falls in Older People. Best Practice Guidelines for Australian Community Care*. (2009).
5. AIHW: Pointer, S. *Trends in hospitalised injury due to falls in older people, 2007–08 to 2016–17*. https://www.aihw.gov.au/getmedia/427d3a0d-88c2-45c5-bc23-5e3986375bba/aihw_injcat_206.pdf.aspx?inline=true (2019).
6. Australian Bureau of Statistics. 3303.0 Causes of Death, Australia, 2018. (2019).
7. Health Quality & Safety Commission New Zealand. Falls in people aged 50 and over. *Health Quality & Safety Commission* <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/falls/> (2019).
8. New Zealand Ministry of Health. Mortality 2016 data tables. (2019).
9. Accident Compensations Corporation. *Improving Falls and Fracture Service Outcomes for Older People – Injury Preventions Live Stronger for Longer Programme*. (2020).
10. Sherrington, C. *et al.* Exercise for preventing falls in older people living in the community. *Cochrane Database of Systematic Reviews* (2019) doi:10.1002/14651858.CD012424.pub2.
11. Australian Bureau of Statistics. 2016 Census of Population and Housing: General Community Profile, Australia. (2018).
12. Statistics New Zealand. 2018 Census population and dwelling counts. (2019).

13. AIHW: Pointer, S. *Hospitalised injury among Aboriginal and Torres Strait Islander people, 2011-12 to 2015-16*. <https://www.aihw.gov.au/getmedia/89ae4b17-ad35-42da-958f-5c48ee209cf3/aihw-injcat-198.pdf.aspx?inline=true> (2019).
14. Australian Institute of Health and Welfare. *Australia's hospitals 2016-17 at a glance*. <https://www.aihw.gov.au/getmedia/d5f4d211-ace3-48b9-9860-c4489ddf2c35/aihw-hse-204.pdf.aspx?inline=true> (2018).
15. Australian Government Department of Health. *National Women's Health Strategy 2020-2030*. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/AF504671BA9786E8CA2583D6000AFAE7/\\$File/National%20Womens%20Health%20Strategy%202020-2030.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/AF504671BA9786E8CA2583D6000AFAE7/$File/National%20Womens%20Health%20Strategy%202020-2030.pdf) (2019).
16. Australian Government Department of Health. *National Men's Health Strategy 2020-2030*. [https://www1.health.gov.au/internet/main/publishing.nsf/content/86BBADC780E6058CCA257BF000191627/\\$File/19-0320%20National%20Mens%20Health%20Strategy%20Print%20ready%20accessible1.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/content/86BBADC780E6058CCA257BF000191627/$File/19-0320%20National%20Mens%20Health%20Strategy%20Print%20ready%20accessible1.pdf) (2019).
17. Associate Minister of Health. *Healthy Ageing Strategy*. (2016).
18. Australian Commission on Safety and Quality in Health Care. *Preventing Falls and Harm From Falls in Older People. Best Practice Guidelines for Australian Hospitals*. <https://www.safetyandquality.gov.au/sites/default/files/migrated/Guidelines-HOSP.pdf> (2009).
19. Australian Commission on Safety and Quality in Health Care. *Preventing Falls and Harm From Falls in Older People. Best Practice Guidelines for Australian Residential Aged Care Facilities*. (2009).
20. Dollard, J., Barton, C., Newbury, J. & Turnbull, D. Older community-dwelling people's comparative optimism about falling: a population-based telephone survey. *Australas J Ageing* **32**, 34–40 (2013).
21. Sherrington, C. *et al.* Exercise to prevent falls in older adults: an updated systematic review and meta-analysis. *Br J Sports Med* (2016) doi:10.1136/bjsports-2016-096547.
22. Robertson, M. C., Campbell, A. J., Gardner, M. M. & Devlin, N. Preventing Injuries in Older People by Preventing Falls: A Meta-Analysis of Individual-Level Data. *Journal of the American Geriatrics Society* **50**, 905–911 (2002).

- 
23. Clemson, L. *et al.* Integration of balance and strength training into daily life activity to reduce rate of falls in older people (the LiFE study): randomised parallel trial. *BMJ* **345**, e4547 (2012).
 24. Li, F. *et al.* Tai Chi and Fall Reductions in Older Adults: A Randomized Controlled Trial. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences* **60**, 187–194 (2005).
 25. Gillespie, L. D. *et al.* Interventions for preventing falls in older people living in the community (Review). in *Cochrane Database of Systematic Reviews* (ed. The Cochrane Collaboration) (John Wiley & Sons, Ltd, 2012). doi:10.1002/14651858.CD007146.pub3.