

# Will your patient fall? Cues to intervene now

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## CLINICAL QUESTION

What clinical factors predict a high risk for falls among the elderly? □

## BOTTOM LINE

Patients who have fallen in the last year or who have gait or balance problem are at the highest risk of falls. The authors recommend that clinicians target fall prevention strategies toward this group. □

## LEVEL OF EVIDENCE

**2a:** Systematic reviews (with homogeneity) of cohort studies

- **Study Design:** Decision rule (development only)
- **Funding:** Government
- **Setting:** Multiple studies in multiple settings
- **Synopsis:** To conserve time and resources, you should reserve interventions to prevent falls among the elderly for those at high risk. These investigators searched Medline, CINAHL, and their own files for prospective cohort studies evaluating potential risk factors for falls. Two investigators independently performed the search, assessed study quality, and determined inclusion of articles. Differences were resolved by consensus.

## FAST TRACK

*Target the patients who fell during the past year, or have gait or balance problems*

- Inclusion criteria included English language only, a mean age 65 years or older, and outcome data available for at least 6 months of follow-up. Of the 383 articles initially found in the search, only 18 met the inclusion criteria.
- The estimated pretest probability – percent of patients from the entire group experiencing the measured outcome – for 1 or more falls in the next year was 27%. A history of having a fall in the past year (positive likelihood ratio [LR+] = 2.3–2.8) and a clinically detected abnormality of gait or balance (LR+ = 1.7–2.4) were the most useful factors for identifying patients at high risk.
- Patients taking a benzodiazepine, phenothiazine, or antidepressant were also at a significantly increased risk of fall (LR+ = 27 [95% CI, 3.6–207]). Other commonly considered factors, including increasing age, visual impairment, impaired cognition, impaired basic activities of daily living, and orthostatic hypotension, did not consistently predict increased fall risk. □