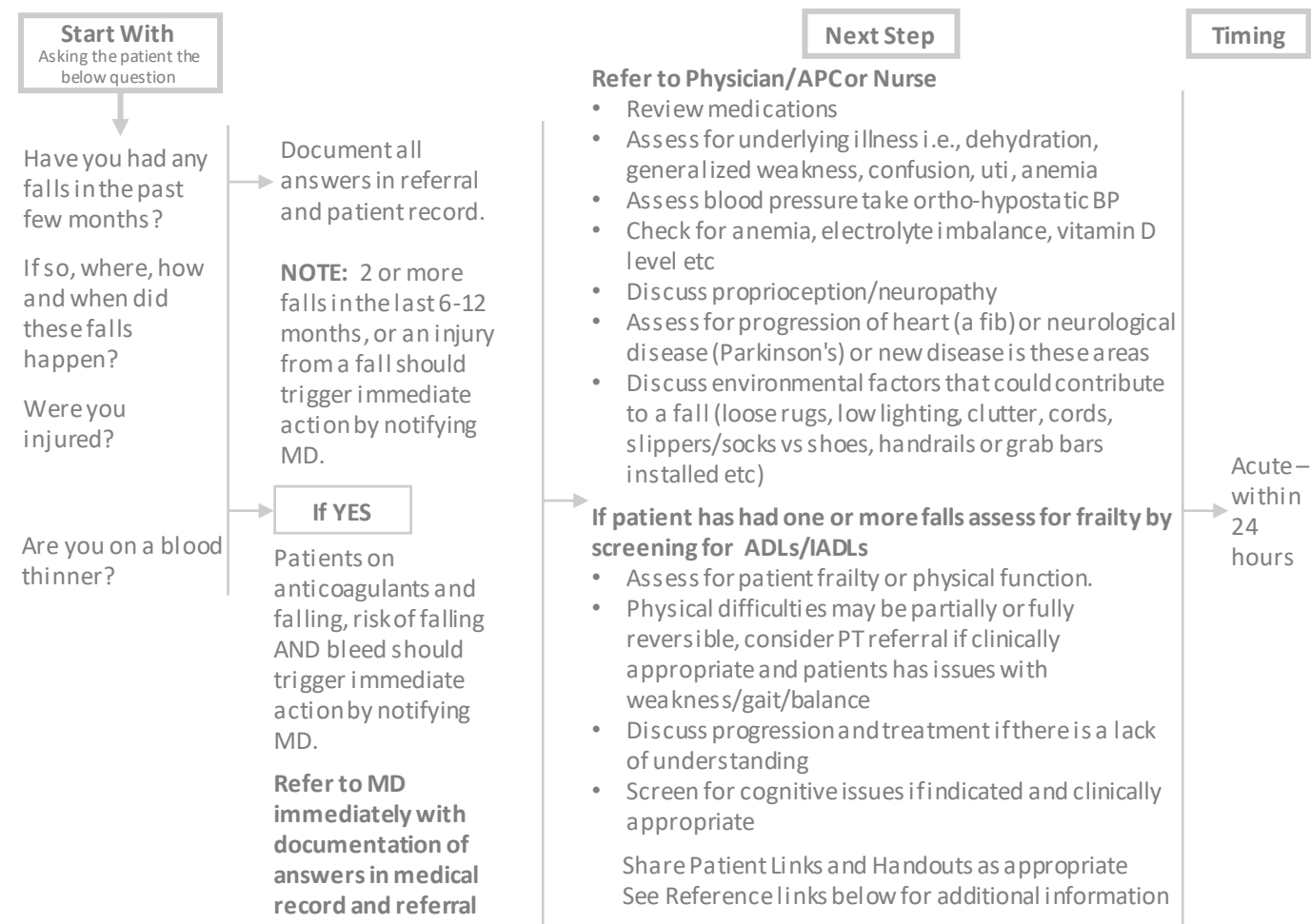


# Clinician Follow Up Reference for Supportive Care

## Physical Concerns –

### “YES” to Falls



### Notes

- Any Stage** – Falls can be more prevalent for patients who are on specific therapies or medications (i.e. sedatives, anti-histamines, Benadryl, any meds that cause sedation), have bone thinning, are geriatric or have cancers that are bone avid. Work with caregivers and patient's willingness to make changes to reduce fall risk (assistive device, moving rugs etc). OT Assess home environment and work with patient to recognize fall risk areas and activities
- Reduce dosage of psychiatric medications, any medications with sedative properties including over-the-counter medications, anti-hypertensive medications etc if medically possible

**Does patient have enough support at home?** SW may have resources

**Geriatric** - The use of early and preventative use of durable medical equipment and in-home safety evaluations is recommended for patients with neurotoxicities at high risk for falls.

### Patient Links and Handouts:

- [American Cancer Society, Balance Problems and Falls](#)
- [NYT, Falls Can Kill You.](#)

CSOC Patient Handout can be accessed at:  
<http://cancer-help.me/falls>

### References:

- [CDC, STEADI Stopping Elderly Accidents, Deaths & Injuries](#)
- [Preventing Falls in Elderly Persons](#)  
Lee, Aimee, Kuo-Wei Lee, and Peter Khang. "Preventing Falls in the Geriatric Population." *The Permanente Journal* 17.4 (2013): 37–39. PMC. Web. 29 Sept. 2017.
- [ASCO POST, Falls in Older Patients With Cancer: Recognizing and Reducing the Risk](#)
- [Prospective Study of Falls and Risk Factors for Falls in Adults With Advanced Cancer](#)  
DOI: 10.1200/JCO.2011.40.7791 *Journal of Clinical Oncology* 30, no. 17 (June 2012): 2128-2133.
- [Falls Training: Interprofessional Geriatrics Education and Training in Texas: Fall Risk Education & Assessment](#)
- [Are We Falling Short? Incorporating Falls Assessment Into Cancer Care for Older Adults](#) DOI: 10.1200/JOP.2015.006684 *Journal of Oncology Practice* 11, no. 6 (November 1 2015): 475-477.

Personal health

## **Falls Can Kill You. Here's How to Minimize the Risk.**

Falls are the leading cause of fatal and nonfatal injuries among older adults. Every 19 minutes in this country, an older person dies from a fall.

By [Jane E. Brody](#)

Feb. 25, 2019

Every day, I scan the obituaries to see why or how people die. You might call it morbid fascination, but I attribute it to the combined influence of my age (77) and my profession (health reporting). Obituaries give me ideas for Personal Health columns like this one that might help others — and me — avoid a preventable ailment or accident and premature demise.

One of the most frequent causes of death listed for people my age, as well as some younger and many older folks, is “complications from a fall,” the explanation given for the [death last month at 93 of Russell Baker](#), the much-loved Pulitzer Prize-winning humorist and columnist for The New York Times.

Falls are the leading cause of fatal and nonfatal injuries among older adults. Every 19 minutes in this country, an older person dies from a fall.

To be sure, nearly everyone falls now and then, and some falls are unavoidable. But falling is not an inevitable consequence of aging. Most age-related falls are preventable once you know why they happen and take steps to minimize the risk for yourself, relatives and friends whose age or health status renders them especially vulnerable. More than a quarter of individuals age 65 and older fall each year, and falling once doubles their chances of falling again, according to the Centers for Disease Control and Prevention. A fall that may be run-of-the-mill for a young person (as in the lyric “Pick yourself up, brush yourself off and start all over again”) can be very dangerous for the elderly. One fall in five among older adults results in a serious injury, and older people are less able to recover from the trauma physically and emotionally.

Although broken bones are usually regarded as the most common serious consequence of falls, even if no fracture occurs, a fall can result in irreversible harm to an elderly person's health, social interactions and psychological well-being. A frequent aftermath when older people fall is a heightened fear of falling, prompting them to limit their activities and cause further physical decline, depression and social isolation, which in turn can hasten death.

Many factors common among older people can increase the risk of falling: medical and orthopedic problems and the medications taken to treat them; physical changes that impair balance, gait and muscle strength; sensory declines in vision, hearing and awareness of body position; and pain that distorts body movements.

At the same time, there are ways to minimize the chances of a dangerous fall, starting with regular exercise to maintain leg strength, balance, endurance and coordination that can help you “catch yourself” and avoid a fall if you should trip. Tai Chi is an excellent, low-impact way to improve balance. Also, practice standing on one foot when you brush your teeth, wash dishes or prep a recipe. You might also get Carol Clements's new book, “Better Balance for Life,” that details a 10-week plan for improving stability.

Get your eyes checked at least once a year or more often if you have a gradually worsening condition like cataracts or macular degeneration. Don't delay recommended cataract surgery; blurry vision can foster serious stumbles. Regularly update your prescription for corrective lenses. Older people often do better with single-focus lenses, which may mean two different pairs, one for distance and another for reading, rather than one pair of progressive or bifocal lenses. Also get regular hearing checkups and consider hearing aids if needed. You don't want to be startled into a fall by someone or something approaching from behind.

Have your doctor review all your medications, both prescription and over-the-counter, for their ability to cause dizziness or drowsiness. Wherever possible, eliminate or lower the dose of those that are potentially troublesome.

Dr. Leslie Kernisan, a geriatrician in the San Francisco Bay Area, lists these medications that may be especially likely to create a fall risk: psychoactive drugs like benzodiazepines (e.g. Xanax and Valium) and sleep medications like Ambien and Lunesta that affect the brain; antidepressants like Prozac, Zoloft and Elavil; medications that lower blood pressure, including Flomax and related drugs used to improve urination; medications that lower blood sugar, including metformin; and anticholinergic drugs like Benadryl, “PM” versions of over-the-counter pain relievers, the muscle relaxant Flexeril and the bladder relaxants Ditropan and Detrol.

Last, but by no means least, do a thorough evaluation of the fall risks in and outside your home environment. Get rid of clutter — no books, papers, clothing or pet toys left on the floor or furniture that partially obstructs paths to the bathroom, bedroom, kitchen or front door. Install railings on stairways — and always use them — and grab bars around the shower or tub and toilet.

Evaluate the safety of floors and floor coverings, including throw rugs (a big no-no), loose carpets and raised ledges between rooms. Use a top quality nonskid mat in the shower. Repair all broken or uneven stairs and flooring. Keep electric and phone cords off the floor. Wipe up all spills immediately.