

Falls prevention

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Falls prevention

Key facts

- 1 in three 64+yrs old will fall in a year
- Falls are not an inevitable part of ageing.
- Falling once doubles your chances of falling again.
- 3 broad types of (modifiable/non-modifiable) risk factors
 - **Physical:** LTCs, foot disorders, muscle weakness, poor gait and balance dizziness, frailty, UTIs, dehydration
 - **Lifestyle:** medication side effects, alcohol, physical inactivity
 - **Environmental:** trip hazards, lighting, slippery surfaces, poor walking aids
- Most falls are caused by a combination of risk factors
- A fall may be a warning sign: the first sign of a new or worsening health condition e.g UTI, chest infection.

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Key facts:

- Risk of Falls can be reduced through:
 - Treatment of health problems.
 - Improving gait, balance and muscle strength.
 - Home hazard reduction.
 - Increasing confidence.
 - Reducing fear of falls.



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Key insights

- “Don’t mention the ‘F-word”.
- Fear of falling is a key risk factor.
- Falls (with or without injury) carry a heavy quality of life impact.
- More than 1 in 4 older people fall each year, but less than half tell their doctor.



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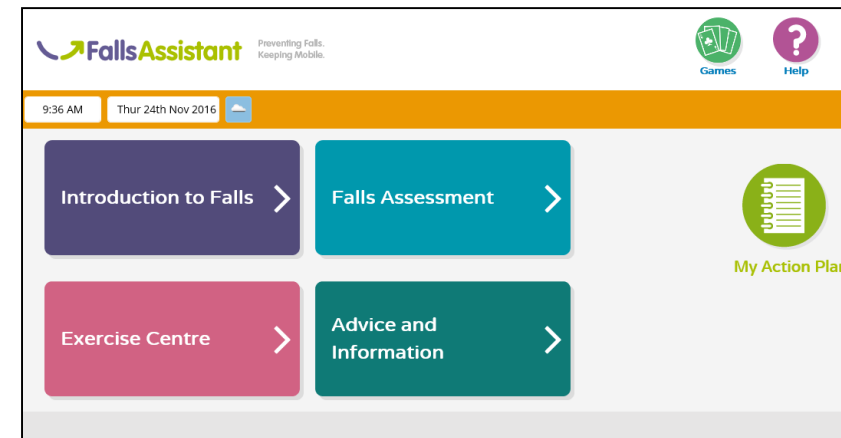
Key messages:

- Falls are not an inevitable part of ageing.
- Falls are preventable - take action to reduce your risk
- There are lots of practical simple steps to reduce your risk of falling:
 - taking regular exercise (gait, balance, muscle strength).
 - keeping well.
 - ‘fall proofing’ your home.
 - **seeking further advice and support when needed.**

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Key resources:

- Falls Prevention Services SCHT.
- ‘Falls Assistant’ on-line tool:
self-assessment tools,
advice, evidence -based exercise.
- ‘Time Up and Go’ CSP guide for the public.
- ROPSA video
- Age UK & PHE leaflets
- Falls Awareness “Campaign”; Healthy Shropshire web pages: www.healthyshropshire.co.uk/topics/ageing-well/preventing-falls/





Falls Assessment

Falls Assistant enables you to self assess the key falls risks relevant to you and offer appropriate support and self management advice. It has been developed with people who have had falls or are at a high risk of falling, along with local falls support professions. It draws on their collective and personal experiences as well as best practice from elsewhere in the UK and other countries.

