

Falls amongst people aged 65 and over are a common cause of injury, approximately 1 in 3 adults over 65 who live at home will have at least one fall a year and half of these will have more frequent falls. This can cause a loss of confidence and independence, serious injury or potentially death.

Falls in those aged 65 and over occur as a result of the natural ageing process which leaves them more likely to have balance problems, muscle weakness, poor vision or long-term health conditions such as heart disease, dementia or low blood pressure. There are also factors such as side effects of medication, problems with feet and footwear, and slip and trip hazards in the home. Amongst older people osteoporosis is a fairly common contributory factor. Risk factors for osteoporosis include not exercising regularly, excessive alcohol consumption, smoking, taking high-dose steroids or a family history of this condition.

### Why is this important?



Falls can cause injury and lead to physical/ mental deterioration and frailty. There are significant financial costs to the health and social care sector.

### What is the local context?

Rates of emergency hospital admissions for falls are lower in the last two years (2018/19 and 2019/20), and hip fractures have remained similar to England. Falls rates are higher in our more deprived populations.



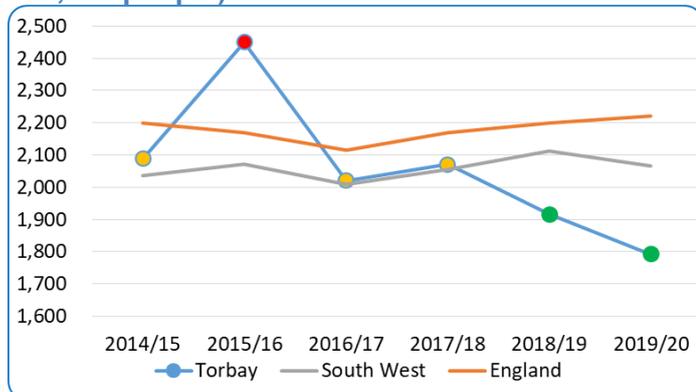
### What should we do?



Identify those at risk, support people to get information on falls prevention, refer/signpost to exercise classes and to home hazard assessments.

The main indicator for measuring falls is the rate of emergency hospital admissions due to falls for those aged 65 and over. From 2014/15 - 2019/20 Torbay's rate has reduced apart from a spike in 2015/16. In the last two years the rate has been significantly lower (shown by green markers) than England and the South West (Fig 1) with the difference more pronounced in those aged 80+ than in those aged 65-79.

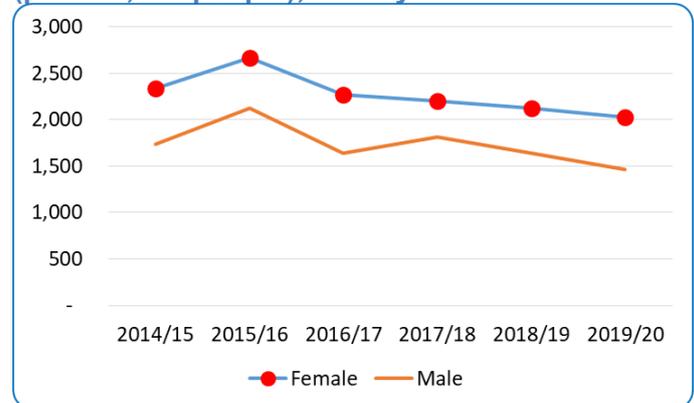
**Fig 1: Rate of emergency hospital admissions due to falls in people aged 65 and over (per 100,000 people)**



Source: Public Health Outcomes Framework (PHOF) and Hospital Episode Statistics (HES)

There is a significant gap between the rate of emergency admissions for women and men that is also reflected at a regional and national level (Fig 2). Torbay rates are lower for men in both the 65-79 and 80+ cohorts but particularly, in the last two years, for those aged 65-79. A World Health Organisation global report shows that internationally women are more likely than men to fall and suffer non-fatal injuries. Risk factors include age related frailty, restricted mobility and using multiple medications. Women fracture more easily- older men have stronger bone mass than older women and there are higher rates of osteoporosis in women. Hospital emergency admission rates for hip fracture in England for the over 65s are higher amongst women.

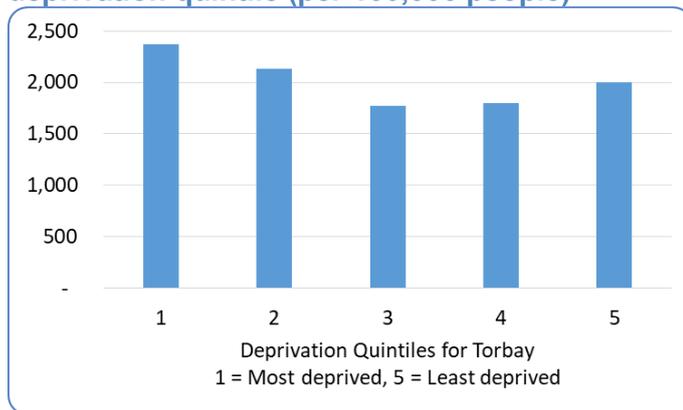
**Fig 2: Rate of emergency hospital admissions due to falls in people aged 65 and over by sex (per 100,000 people), Torbay**



Source: PHOF and HES, Red- significantly higher

Torbay rates of emergency hospital admissions for falls for those aged 65 and over show different rates over the deprivation quintiles. Rates in the two most deprived quintiles are significantly higher than the 3<sup>rd</sup> and 4<sup>th</sup> (Fig 3). The difference in the quintiles is slightly more marked in the 65-79 age group. Higher rates in more deprived areas are reflected in the national figures. Within the 80+ cohort, however, the deprivation trend is not as clear locally and nationally. This is because many have a care home as their permanent address which may be in an area that in terms of deprivation bears little resemblance to their previous residence.

**Fig 3: Rate of emergency hospital admissions due to falls in people aged 65 and over by deprivation quintile (per 100,000 people)**



Source: PHOF and HES

Emergency hospital admissions are a good indicator of trends in falls but do not give the full picture. Many falls happen at home and go unreported. They may not require an admission to hospital. They may instead be seen by a GP or may not be treated by a professional at all. Numbers of falls have therefore proven difficult to quantify. Some information is recorded as part of the central GP contract- the number of registered patients aged 65 and over who have a diagnosis of either moderate or severe frailty and have had a fall. Unfortunately this is a fairly new measure and has been updated in an inconsistent manner by different practices. During 2019/20, 239 falls were recorded among Torbay practices. Torbay's 65 and over population numbers 36,600 and there were 690 emergency admissions to hospital for falls in the same period so this is clearly not a reflection of the true figures.

The National Institute for Health and Care Excellence (NICE) estimates 30% of those aged 65 and over experience at least one fall a year. For those aged over 80 this rises to 50%. Public Health England (PHE) estimates that the annual cost to the UK of fragility fractures is £4.4 billion which includes 25% for social care.

Falls are also a contributing factor to deaths amongst the over 65s. During the period April 2010 to March 2020, 163 Torbay residents aged 65 and over died with falls recorded as the underlying cause of death (Fig 4). This is 36% of those whose deaths had a recorded underlying factor of an accident. Although the cohort is relatively small there has been a large increase in the recording of a fall as the underlying cause of death of a person aged 65 or over- from 65 to 98 times in the two five year periods. It follows national trends that the number of times a fall is the underlying cause of death is rising above the

rate of population growth in those age groups. Between 2010 and 2019, the rise in rate for those aged 65 and over per 100,000 population in England and Wales increased by 54%, for over 80s it increased by 68%.

**Fig 4: Deaths by underlying cause in people aged 65 and over, Torbay**

Period	Accidents (inc falls)	Falls	% of accidents that are falls
10/11 - 14/15	189	65	34%
15/16 - 19/20	267	98	37%

Source: Primary Care Mortality Database

Falls have significant consequences- loss of confidence and independence, injury, potentially leading to more falls, frailty, and multimorbidity (two or more long term health conditions), all reducing quality of life and costing the health and social care sectors. Preventing falls is key and the recommended approach from NICE includes:

- Identifying those at risk of falls, including during routine reviews/assessments and if presenting at hospital
- Falls risk assessments of factors such as vision, balance, mobility, strength, fracture risk, medications, osteoporosis
- Interventions such as strength and balance training, home hazard assessments and intervention

General messages to convey to help prevent falls can include: exercise to maintain strength and flexibility, arrange vision/hearing checks, remove slip and trip hazards in the home and ensure adequate lighting, and wear well fitted shoes and slippers.

## References and further information:

Local Falls Prevention Service:

[www.torbayandsouthdevon.nhs.uk/services/falls-fracture-prevention-bone-health/local-services-and-contact-numbers/](http://www.torbayandsouthdevon.nhs.uk/services/falls-fracture-prevention-bone-health/local-services-and-contact-numbers/)

Torbay Healthy Lifestyles Team:

[www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/](http://www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/)

Age UK: [www.ageuk.org.uk/globalassets/age-](http://www.ageuk.org.uk/globalassets/age-uk/documents/information-guides/ageukig14_staying_steady_inf.pdf)

[uk/documents/information-guides/ageukig14\\_staying\\_steady\\_inf.pdf](http://www.ageuk.org.uk/globalassets/age-uk/documents/information-guides/ageukig14_staying_steady_inf.pdf)

A Global Report on Falls Prevention:

[www.who.int/ageing/projects/1.Epidemiology%20of%20falls%20in%20older%20age.pdf](http://www.who.int/ageing/projects/1.Epidemiology%20of%20falls%20in%20older%20age.pdf)

NHS- falls and osteoporosis: [www.nhs.uk/conditions/](http://www.nhs.uk/conditions/)

NICE: [www.nice.org.uk/guidance/cg161](http://www.nice.org.uk/guidance/cg161) ;

[www.nice.org.uk/guidance/qs86](http://www.nice.org.uk/guidance/qs86) ;

<https://pathways.nice.org.uk/pathways/preventing-falls-in-older-people> ; NICEimpact: falls and fragility fractures

PHE: <https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health>