

## **PRESS RELEASE**

### **New guidelines for the NHS on the assessment and prevention of falls in older people**

The National Institute for Clinical Excellence (NICE) and the National Collaborating Centre for Nursing and Supportive Care (NCC NSC) based at the Royal College of Nursing have today issued a clinical guideline for the NHS in England and Wales on the assessment and prevention of falls in older people. The guideline makes recommendations about the care of older people in the community or extended care who have either suffered a fall or who are considered at risk of falling.

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. In 1999, there were 647,721 A&E attendances and 204,424 admissions to hospital for fall-related injuries in the UK population aged 60 years or over. The associated cost of these falls to the NHS and Personal Social Services was £908.9 million and 63% of these costs were incurred from falls in those aged 75 years and over.

The major risk factors for falling are diverse, and many of them – balance impairment, muscle weakness, excessive or suboptimal medication use and environmental hazards – can be changed. Priorities for implementation include:

*Case/risk identification:*

- Older people reporting a previous fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve balance and mobility

*Falls risk assessment*

- Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a falls risk assessment. This should be carried out by

healthcare professionals with appropriate skills and experience, normally within the setting of a specialised falls service.

- Falls risk assessments can include: assessment of gait, balance and mobility and muscle weakness; assessment of osteoporosis risk; assessment of visual impairment; assessment of home hazards; cardiovascular examination; and, medication review.

#### *Multifactorial interventions*

- All older people with recurrent falls, or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention. Common components of such interventions include: strength and balance training; home hazard assessment and intervention; vision assessment and referral; medication review with modification/withdrawal.

**Professor Peter Littlejohns, Clinical Director at NICE and executive lead for the guideline**, said: “The guideline represents a significant driver for change in an area of healthcare that has not, until now, benefited from the application of a consistent and coherent approach nationally. It is a distillation of the available evidence on best practice in the assessment and prevention of falls in older people and harnesses the knowledge and expertise of specialists who daily come into contact with the often distressing consequences of falls in older people.”

**Professor Cameron Swift, King's College London, and member of the Guideline Development Group**, commented: “We now know from compelling evidence that significant and substantial numbers of falls amongst older people can be prevented through timely risk detection and appropriately skilled management. The guideline links this evidence to workable, practical recommendations, including a service model capable of general applicability within existing, highly stretched primary and secondary care services across the NHS. It directly complements Standard 6 of the National Service Framework for Older People and provides a basis for its implementation. We now have a genuine opportunity at population level to redress this unwanted ‘epidemic’ and its consequences for older people.”

**Dr Peter Overstall, Consultant in Geriatric Medicine and member of the Guideline Development Group** said: “There is good research evidence showing us how we can reduce the risk of falls among older people living in the community. The challenge for the health service is to identify high risk individuals and ensure that

there is a local specialised service that can deliver tailored assessment and treatment.”

**Eileen Mitchell, Falls Advisor/Lecturer, and member of the Guideline**

**Development Group**, said: “This is a long awaited piece of work which will enhance clinical practice, by providing the most up to date evidence for a wide range of practitioners working in falls prevention services. Falls education for staff groups, patients and their carers, is of prime importance if we are to maintain and deliver high standards of care.”

**Elizabeth Gibbons, Research and Development Fellow at the NCC-NSC and member of the Guideline Development Group**, said:

“The guidelines, which will complement NICE’s forthcoming osteoporosis guidelines, aim to help clinicians recognise those most at risk of falling. They provide evidence-based information for both health professionals and patients and their carers on the measures that can help to prevent falls. Many falls are preventable through the adoption of often simple strategies which can lead to a reduction in falls and fall-related injuries and an improvement in the quality of life in older people”.

**David Green, Specialist Pharmacist and member of the Guideline Development Group**, said:

“It is important to remember that falls prevention is a multifactorial activity involving a variety of health care professionals and with a team approach to assessing and meeting an individual patient's needs. The research base around medication is poor and has made making specific recommendations around medication difficult despite the commonly held opinion that medication, especially psychotropic and cardiovascular, is a significant contributing risk factor for falls.”

**Ends**

For more information call Phil Ranson at NICE on 020 7067 5904 and 0778 639 0068

**Notes to Editors**

**About NICE**

1. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit [www.nice.org.uk](http://www.nice.org.uk).
2. NICE produces guidance in three areas of health:

- the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals
  - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
  - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use– interventional procedures.
3. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
  4. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.

#### **About the NCC-NSC**

5. NICE has established a number of National Collaborating Centres (NCCs) to harness the expertise of the Medical Royal Colleges, professional bodies and patient/carer organisations when developing clinical guidelines. Each NCC is a professionally led group with the experience and resources to develop guidance for the NHS on behalf of NICE.
6. The National Collaborating Centre for Nursing and Supportive Care is based at the Royal College Nursing and involves the following partner organisations: Royal College of Nursing Institute, UK Cochrane Centre, Centre for Statistics in Medicine, Institute of Health Sciences, Oxford, Clinical Effectiveness Forum for Allied Health Professionals, Centre for Evidence Based Nursing, University of York, Health Economics Research Centre, University of Oxford, University of Oxford Library Services, Health Care Libraries.

#### **About clinical guidelines**

7. Clinical guidelines are recommendations on the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales. They sit alongside, but do not replace, the knowledge and skills of experienced health professionals.
8. NICE clinical guidelines are developed by independent groups – National Collaborating Centres – that include healthcare professionals working in the NHS, patients and people who are familiar with the issues affecting patients and carers. Professional and patient/carer groups whose members are likely to be affected by the guideline are able to submit information and comment on the recommendations before they are finalised.
9. For details of NICE clinical guidelines currently in development, log on to the website at <http://www.nice.org.uk/catcg1.asp?c=20055>.

#### **About the falls guideline**

10. The NICE guideline is available from <http://www.nice.org.uk/CG021NICEguideline>. The full version detailing the evidence base behind the recommendations is produced by the National Collaborating Centre for Nursing and Supportive Care and is available on the NICE website. A version for the public is available from <http://www.nice.org.uk/CG021publicinfo>. Quick reference guides for healthcare professionals are also available from the NICE website
11. The guideline makes recommendations about the care of older people in the community or extended care who are at risk of falling or who have fallen, and the care of older people who attend primary or secondary care settings following a fall. The recommendations also apply to families and carers, healthcare professionals who share in caring for those who are vulnerable or at risk of falling and those responsible for service delivery.
12. The guideline does not cover hospitalised patients or people who are confined to bed for the long term, nor does it cover the prevention and treatment of osteoporosis, the management of hip and other fractures and the prevention of falls in acute settings.

13. The guideline asks local health communities to review their existing practice for the assessment and management of falls against this guideline. The review should consider the resources required to implement the recommendations set out in the guideline, the people and processes involved and the timeline over which full implementation is envisaged. It is in the interests of patients that the implementation timeline is as rapid as possible. Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised