NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Falls in older people:

assessing risk and prevention (update)

The Department of Health and social care has asked NICE to update and replace the [NICE guideline on falls in older people: assessing risk and prevention](). The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual]().

This guideline will also be used to update the [NICE quality standard for falls in older people]() (QS86).

1   Why the guideline is needed

Falls can occur at any age but are increasingly common as people get older. Around a third of people aged 65 and over, and around a half of people aged 80 and over, fall at least once a year. Falls can lead to injuries including fractures, pain and loss of confidence for older people. There were around 220,160 emergency hospital admissions in England related to falls among people aged 65 and over in 2017 to 2018. Around 146,665 (66.6%) of these admissions were people aged 80 and over. The consequences of fracture are significant, with a mortality of between 18% and 33% 1 year after a hip fracture.

Muscle weakness, impaired balance, loss of vision and frailty can contribute to increased risk of falls. Polypharmacy – when a person is taking multiple medications – is now common as people get older and this may also contribute to their risk of falling. While risk factors are more common as people get older, multimorbidity – when a person has two or more long term health conditions – and polypharmacy can also increase the risk of falling for people younger than 65 years, particularly for those with mental health

1 problems and from lower socio-economic groups. The identification of people

2 who are at risk of falling and measures to prevent falls would be of benefit to

3 individuals and to the health system.

4 Falls can occur in any setting but are the most reported patient safety

5 incidents in acute hospitals and mental health trusts in England and Wales.

6 Therefore, the identification of people at risk of falls and measures to prevent

7 falls in these settings require special consideration. NICE is updating the 2013

8 guideline to reflect changes in evidence related to falls in hospital, and to

9 encourage the uptake of similar measures at home and in social care settings.

10 The 2013 guideline also needs to be updated to reflect national

11 developments, such as the work of the National Falls Prevention Coordination

12 Group.

13 ## 2   Who the guideline is for

14 This guideline is for:

15 • Health and social care practitioners

16 • Local authorities

17 • Care home providers, managers, and staff

18 • Commissioners and providers of health and social care services

19 • People aged 65 and over at risk of falls, their families, and carers

20 • People aged 50 to 64, with a condition or conditions that may put them at

21   risk of falls, and their families, and carers

22

23 This guideline may be useful for:

24 • Private sector and voluntary organisations involved in the provision of care

25   and support.

26 NICE guidelines cover health and care in England. Decisions on how they

27 apply in other UK countries are made by ministers in the Welsh Government,

28 Scottish Government, and Northern Ireland Executive.

1 *Equality considerations*

2 NICE has carried out an [equality impact assessment](#) during scoping. The

3 assessment:

4 • lists equality issues identified, and how they have been addressed

5 • explains why any groups are excluded from the scope.

6 The guideline will look at inequalities relating to age, disability and people who

7 are homeless.

8 # 3 What the guideline will cover

9 ## 3.1 Who is the focus?

10 **Groups that will be covered**

11 • People 65 years and over

12 • People aged 50 to 64 who have a condition or conditions that may put them

13 at higher risk of falling

14 ## 3.2 Settings

15 **Settings that will be covered**

16 All settings where NHS health and social care services are delivered

17 ## 3.3 Activities, services or aspects of care

18 **Key areas that will be covered**

19 We will look at evidence in the areas below when developing the guideline,

20 but it may not be possible to make recommendations in all the areas:

21 1 Information and education about falls risk and prevention for people who

22 are at risk of falls and their families and carers.

23

24 2 Methods of identifying people at risk of falls for further assessment.

25 − Routine questioning, observation, screening tools, electronic patient

26 records.

DRAFT

3   risk factor assessment for people identified to be at risk of falls.

    – Risk assessment tools, gait assessment, frailty indices.

4   Interventions to reduce risk of falls including:

    – multifactorial and multi-component interventions, exercise programmes, strength and balance training, medication review, home hazard and safety interventions, environmental modifications.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Areas that will not be covered

1   Identification and assessment of fragility fracture risk.

2   Management of complications of falls.

3   Interventions targeting underlying conditions that increase the risk of falls.

Related NICE guidance

Published

- Atrial fibrillation: diagnosis and management (2021) NICE guideline NG196
- Hypertension in adults: diagnosis and management (2019) NICE guideline NG136
- Motor neurone disease: assessment and management (2019) NICE guideline NG42
- Suspected neurological conditions: recognition and referral (2019) NICE guideline NG127
- Dementia: assessment, management and support for people living with dementia and their carers (2018) NICE guideline NG97.
- Managing medicines for adults receiving social care in the community (2017) NICE guideline NG67

DRAFT

- [Osteoporosis: assessing the risk of fragility fracture](#) (2017) NICE guideline CG146
- [Vitamin D: supplement use in specific population groups](#) (2017) Public health guideline PH56
- [Fractures (non-complex): assessment and management](#) (2016) NICE guideline NG38
- [Multimorbidity: clinical assessment and management](#) (2016) NICE guideline NG56
- [Older people with social care needs and multiple long-term conditions](#) (2015) NICE guideline NG22
- [Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) (2015) NICE guideline NG16[Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes](#) (2015) NICE guideline NG5
- [Safe staffing for nursing in adult inpatient wards in acute hospitals](#) (2014) Safe staffing guideline SG1
- [Transient loss of consciousness ('blackouts') in over 16s](#) (2014) Clinical guideline CG109
- [Stroke rehabilitation in adults](#) (2013) Clinical guideline CG16
- [Depression in adults with chronic physical health problem: recognition and management](#) (2009) Clinical guideline CG91
- [Mental wellbeing in over 65s: occupational therapy and physical activity interventions](#) (2008) Public health guideline PH16

In development

- [Osteoporosis: assessing the risk of fragility fracture](#) NICE guideline update. Publication expected February 2024.

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to Falls in older people:

- [Shared decision making](#) (2021) NICE guideline NG197

1 • [Patient experience in adult NHS services](#) (2021) NICE guideline CG138

2 • [Medicines optimisation](#) (2015) NICE guideline NG5

3 • [Service user experience in adult mental health](#) (2011) NICE guideline

4 CG136

5 • [Medicines adherence](#) (2009) NICE guideline CG76

6 ### *3.4 Economic aspects*

7 We will take economic aspects into account when making recommendations.

8 We will develop an economic plan that states for each review question (or key

9 area in the scope) whether economic considerations are relevant, and if so

10 whether this is an area that should be prioritised for economic modelling and

11 analysis. We will review the economic evidence and carry out economic

12 analyses, using an NHS and personal social services (PSS) perspective, as

13 appropriate.

14 ### *3.5 Key issues and draft questions*

15 The review questions will be stratified by age and setting when appropriate

16 1 Information and education for people at risk of falls and their families and

17 carers:

18 1.1 What are the education and information needs of people and their

19 families and carers after being identified and assessed at risk of falls?

20 2 Methods of identifying people at risk of falls for further individual risk

21 factor assessment:

22 2.1 How useful are clinical assessments, such as observation, in

23 identifying people at risk of falls?

24 2.2 How useful are assessment tools for identifying people at risk of

25 falls?

26 2.3 How useful are electronic patient records for identifying people at risk

27 of falls?

28

29 3 Individual risk factor assessment for people at risk of falls:

30 3.1 What methods of assessment are most accurate for identifying

31 factors that increase the risk of falls?

1

2   4   Interventions to reduce the risk of falls:

3   4.1 What are the most clinically and cost-effective methods for falls

4   prevention?

5   4.2 What are people's, and their families' and carers', experiences of

6   interventions for falls prevention?

7   4.3 What are the best methods for maximising participation, adherence

8   and continuation of falls prevention interventions?

9

10 The key issues and draft questions will be used to develop more detailed

11 review questions, which guide the systematic review of the literature.

3.6   Main outcomes

13 The main outcomes that may be considered when searching for and

14 assessing the evidence are:

15   1   Mortality

16   2   Quality of life

17   3   Falls

18   − Incidence

19   − Frequency of falls per person (1 or more)

20   − Number of people who fall

21   − Fall-related injury, fall-related fractures

22   − Risk of falling

23   4   Hospital admission, hospital attendance, or other health care resource

24   use

25   5   Fear of falling, for example: measured using Falls Efficacy Scale

26   6   Deterioration of independence or physical function

1 # 4 NICE quality standards

2 ## *4.1 NICE quality standards*

3 **NICE quality standards that may need to be revised or updated when**

4 **this guideline is published**

5 • Falls in older people (2017) NICE quality standard QS86

6 # 5 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 11 April to 12 May 2022.

The guideline is expected to be published in June 2024.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.

7