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Falling Is Dangerous for the Elderly— and Often Preventable

Falls can be reduced with balance training, physical therapy and safer homes



By Barbara Sadick - Nov. 12, 2017

One of the biggest health threats facing Americans age 65 and older is also one many of them don't like to talk about: falling.

At least half of senior Americans who fall don't tell anyone, according to a report from the Centers for Disease Control and Prevention. Whether it's a spouse declining to tell a partner, or an elderly parent hiding it from the children, many seniors keep quiet because they are embarrassed and fear losing their independence.

By remaining silent, however, many of these patients become more afraid and more sedentary, medical experts say. That increases their risk for additional falls and injuries, which can lead to fatal complications such as intracranial bleeding, flail chest and respiratory failure. Indeed, falls are the leading cause of injuries and death from injuries in older Americans, according to the CDC.

While falls can occur at any age, the elderly are most at risk. The CDC says that in 2014, almost one-third of adults 65 or older reported falling at least once in the preceding year, representing an estimated 29 million falls and seven million injuries. Of those who fell, 37.5% reported at least one fall that either restricted their activity or resulted in medical treatment, costing an estimated \$31 billion in annual Medicare costs, according to the CDC. With large numbers of baby boomers turning 65 each year, falling is likely to become an even more serious medical issue in years ahead, experts say. The good news is that there are steps the elderly can take to reduce their risk. Medical experts increasingly believe that strength and mobility, not age, are the biggest factors in determining whether a person will fall.

“With balance training and physical therapy, some muscles and nerves can regenerate at any age and compensate for the atrophy often seen in aging, thus reducing the risk of falling,” says Daniel Deems, an otolaryngologist and chief medical officer of Fyzical Therapy & Balance Center, a physical-therapy franchise in 39 states. Falls can be reduced, he says, by working with trained physical therapists to increase balance function in the brain and improve core muscle strength for stability. Dr. Elizabeth Phelan, a geriatrician and associate professor of medicine at the University of Washington School of Medicine in Seattle, agrees, saying, “The single most effective prevention strategy is the practice of strength-balance exercises like Tai Chi and the development of muscle strength.”

Jon Pynoos, co-director of the Fall Prevention Center of Excellence and professor of gerontology at the University of Southern California’s Leonard Davis School of Gerontology, recommends that older adults be screened for fall risk at least once a year, and after any fall occurs. Checking a patient’s medications and dosages is a good idea, he says, since many drugs can cause dizziness, confusion, balance problems and a drop in blood pressure, all of which contribute to falls. Eyeglass prescriptions should be kept up-to-date, and periodic eye exams (every one to two years) also should be conducted, he says. Dr. Phelan believes that communities and state officials could do more to make public spaces safer for the elderly. She recommends making sidewalks even, adding lighting, lowering curbs and adding benches.

In Massachusetts, a commission examines data and makes recommendations to the governor and Legislature on how to reduce falls and the health-care costs associated with them. The state’s Department of Public Health, meanwhile, works with community partnerships to make strength training and balance programs available to older adults at risk of falling. (Seniors should check to see what resources their state has to offer.) “Falling is an expensive problem with huge ramifications that can affect the quality of life of an entire family,” says Carlene Pavlos, director of the Bureau of Community Health and Prevention in Massachusetts. In 2014, she says, falls accounted for 500 deaths, 22,000 hospitalizations and 48,000 emergency-room visits in her state. “Lifetime health-care costs associated with falls in one year are projected at about \$1 billion,” Ms. Pavlos says.

“With solid strategies,” however, “falls don’t have to be inevitable and can be prevented,” she says.