NHS
South Yorkshire
Integrated Care Board

Reducing medication related falls risk in older adults: A resource to highlight and support deprescribing of fall-risk-increasing-drugs (FRIDs) adapted from PrescQIPP bulletin 300i.

Rationale

- NICE CG161 states that around 30% of all people aged 65+ fall each year, increasing to 50% of those aged 80+. A previous fall increases the risk of another fall. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falls are estimated to cost the NHS > £2.3 billion per year
- The use of certain medications is recognised as a major and modifiable risk factor for falls.
- Persons living with dementia (PLWD) are at an increased risk of falling Age UK Sheffield Dementia Service Professionals.
- **Optimising medicines is one of the interventions that can reduce the risk of a fall.**

Action at medication review to help reduce the risk of a fall:

- Consider using template e.g., Sheffield templates (dementia, frailty) or Ardens.
- Review and optimise medication - check indication is relevant, and benefit continues to outweigh risk.
- **Prioritise review of fall-risk-increasing-drugs (FRIDs) using** STOPPFall (A Screening Tool of Older Persons Prescriptions in older adults with high fall risk). This list of medication classes and deprescribing guidance was developed by a European expert group.
- NICE CG161 recommends older people are asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s. Provide falls prevention advice: (Age UK falls prevention and patient leaflet – staying steady and independent with dementia). Refer for multifactorial falls risk assessment if appropriate. Assess risk of osteoporosis and optimise treatment.

Key resources to support deprescribing adapted from PrescQIPP:

The use of STOPPFall (log in to PrescQIPP required) as a screening tool is suggested to identify FRIDs when performing a medication review in older fallers, as part of a multifaceted strategy:

- Benzodiazepines and benzodiazepine-related drugs
- Antipsychotics
- Opioids*
- Antidepressants
- Antiepileptics (includes pregabalin and gabapentin)*
- Diuretics
- Alpha blockers used as antihypertensives or for prostate hyperplasia
- Centrally acting antihypertensives
- Vasodilators in cardiac disease
- Sedative antihistamines
- Overactive bladder and incontinence medications

* Local Deprescribing Guidance for opioids and gabapentinoids available under pain section.

- ✓ **Decision trees to support this review of FRIDs are available as an online tool via** https://kik.amc.nl/falls/decision-tree/. Provides advice on how to withdraw the medication.
- ✓ **Check anticholinergic burden** http://www.acbcalc.com/. In patients > 65 years medications with anticholinergic properties can cause adverse events, e.g., confusion, dizziness, and falls. A score of 3+ is associated with increased cognitive impairment and mortality.
- ✓ Deprescribing algorithms (log in to PrescQIPP required).
- ✓ Link to Sheffield place Medicines Optimisation resources, including links to patient decision aids
- ✓ The PrescQIPP IMPACT bulletin (log in required) provides advice on a wider selection of drugs, clinical risk, deprescribing priority and withdrawing and/or tapering medicines.
- ✓ Further deprescribing resources are available such as: CKS NICE benzo Z drug withdrawal and rcpsych stopping-antidepressants. Support for prescribing for mental health conditions in older people has been published by NHSE and NHSI.