

Medication and falls



Falls and fall-related injuries are a common and serious problem for older people.¹ Whilst there can be many contributing factors,¹ the use of certain medications is recognised as a major and modifiable risk factor for falls.²

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall.¹

Falls are estimated to cost the NHS more than £2.3 billion per year. Falling, therefore has an impact on quality of life, health and healthcare costs.¹

Recommendations

- Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall(s).
- 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 multifactorial falls risk assessment, by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service.
- The use of certain medications is recognised as a major and modifiable risk factor for falls and consequently, a full medication review should form part of the assessment for people with a history of falls.
- Medication review should include modification or withdrawal of fall-risk-increasing drugs (FRIDs), where possible.
- STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high fall risk) is a screening tool that aims to support prescribers in deprescribing FRIDs and outlines where to consider withdrawal of medication or whether a stepwise withdrawal is needed and whether monitoring is advised after deprescribing.
- The use of STOPPFall as a screening tool is suggested to identify FRIDs when performing a medication review in older fallers, as part of a multifaceted strategy.
- In addition, it is suggested that an older person's history of falls and/or risk of falling should be carefully considered before prescribing FRIDs as defined in the STOPPFall.

To support clinicians in the management of FRIDs and to facilitate the deprescribing process, STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high fall risk) and a deprescribing tool have been developed through consensus by a European expert group.³

FRID medication classes included in STOPPFall:³

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



Please refer to the full bulletin for a table summarising the deprescribing guidance for the medication classes in STOPPFall, as well as listing the commonly used medications within each group. Decision trees to support medication review and withdrawal are also available as an online tool via <https://kik.amc.nl/falls/decision-tree/>

Relevant deprescribing algorithms can also be found at: <https://www.prescqipp.info/our-resources/webkits/polypharmacy-and-deprescribing/>

The [PrescQIPP IMPACT bulletin](#) provides additional advice on clinical risk, deprescribing priority and withdrawing and/or tapering medicines.

References

1. NICE. Falls in older people: assessing risk and prevention. Clinical Guideline [CG161]. June 2013. <https://www.nice.org.uk/guidance/cg161>
2. de Vries M, Seppala LJ, Daams JG et al; on behalf of the EUGMS Task and Finish Group on Fall-Risk-Increasing Drugs. Fall-Risk-Increasing Drugs: A Systematic Review and Meta-Analysis: I. Cardiovascular Drugs. J Am Med Dir Assoc 2018;19(4):371.e1-371.e9. <https://pubmed.ncbi.nlm.nih.gov/29396189/>
3. Seppala LJ, Petrovic M, Ryg J et al. STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high fall risk): a Delphi study by the EuGMS Task and Finish Group on Fall-Risk-Increasing Drugs. Age and Ageing 2021;50(4):1189-1199. <https://academic.oup.com/ageing/article/50/4/1189/6043386>

Additional resources available	 Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-300-medication-and-falls/
	 Tools	

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre <https://help.prescqipp.info>

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)