

PRESCRIPTION

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BEYOND DISPENSING: The Untapped Potential of Pharmacists In Preventing Falls

Falls among older adults are a significant public health concern. According to data from the Centers for Disease Control and Prevention (CDC), one older person falls every second in the United States, and every 20 minutes, one older person dies from a fall. These statistics are alarming, especially since falls are largely preventable.

In Malaysia, falls are also a common issue among the older people. Several studies highlight the prevalence of falls within the community. Rizawati and Mas Ayu (2008) found that 27.3% of 516 community-dwelling older adults in Masjid Tanah, Malacca, had fallen in the past 12 months (1). Abdul Kadir and Hasim (2011) reported a 12.9% fall rate among 131 diabetic men in an outpatient clinic on the East Coast of Malaysia (2). Azidah et al. (2012) observed an 18.8% fall rate among 288 older adults with diabetes in a teaching hospital, also on the East Coast (3). Eshkoor et al. (2013) noted a 17% fall rate among 1,210 older adults with dementia across Peninsular Malaysia (4).

What is particularly concerning is that 25% to 72% of older adults who experience a fall are likely to have recurrent falls (1, 3). Various risk factors contribute to this, including a history of falls, advanced age, muscle weakness, mobility limitations, and medical conditions such as visual impairments, dizziness, depression, dementia, incontinence, arthritis, and pain. Medications are another significant risk factor, which is where pharmacists play a critical role in fall prevention.

Certain medications, known as Fall-Risk Increasing Drugs (FRIDs), can heighten the risk of falls. According to the STOPPFall criteria (5), FRIDs include benzodiazepines, antidepressants, antipsychotics, opioids, antiepileptics, diuretics, centrally acting antihypertensives, vasodilators, alpha-blockers for both hypertension and benign prostatic hyperplasia, sedative antihistamines, and medications for overactive bladder and urge incontinence. As medication experts, pharmacists are ideally positioned to intervene when these drugs contribute to fall risk.

The CDC's STEADI-Rx initiative recommends that pharmacists assess patients' fall risk by asking three key questions: Do they feel unsteady when standing or walking? Are they worried about falling? Have they fallen in the past year? A "yes" to any of these questions indicates a risk of falls. Pharmacists can then conduct a medication review to identify FRIDs and collaborate with doctors to reduce fall risk through deprescribing.

Beyond managing medications, pharmacists can educate patients on fall prevention strategies, even if they are not currently at risk. Advising on regular exercise, referring to community-based exercise programs, and raising awareness about fall prevention are all essential contributions. Pharmacists can also support the implementation and sustainability of evidence-based fall prevention programs.

Falls among older adults are not just a statistic—they represent a significant threat to the well-being and independence of our aging population. The good news is that many falls are preventable, and pharmacists are uniquely positioned to make a difference.

My team and I are actively involved in various projects that focus on fall prevention and the role of pharmacists. Our initiatives include investigating the use of FRIDs among hospitalized patients, assessing fall risk among community-dwelling older adults, developing educational materials for pharmacists, engaging with nursing homes to improve medication use, and evaluating the impact of health campaigns and pharmacist training on fall prevention.

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Questions

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