

# "BE READY, BE STEADY, LIVE HAPPILY":

## Preventing Falls Due to Medications' Adverse Effects

According to the Centers for Disease Control and Prevention (CDC), an older adult (age 65+) in the United States falls every second, making falls the leading cause of injury and injury-related death in this age group. According to recent Malaysian studies, falls among older people are a major concern, with one in every six older Malaysians falling at least once in a 12-month period. Falls are indeed dangerous and can have serious consequences, particularly among older people. They are the leading cause of external injuries and are responsible for 70% of all accidental deaths in people aged 75 and older.

Hip fractures are a common injury caused by falls, and it is concerning that 25% of those who fracture their hips die within six months of the injury. Falls frequently necessitate hospitalisation, resulting in loss of independence, chronic pain, and decreased quality of life. Falls among older people are frequently attributed to a variety of risk factors, including medication use. Anticonvulsants, antidepressants, antipsychotics, benzodiazepines, opioids, and sedative-hypnotics, among other psychoactive medications, have been linked to an increased risk of falls in older adults. Furthermore, medications that affect blood pressure and blood sugar levels can have side effects that increase the risk of falls in older people. Medication use is a modifiable risk factor for falls, and older adults are especially vulnerable because of physiological changes associated with ageing.

To reduce the risks of medication-related falls among older people, they must be educated on both the benefits and the potential risks they pose in terms of increasing the risk of falls. Community pharmacists play an important role in lowering the risk of medication-related falls in older people. Because community pharmacists have expertise in medication management, it is critical to empower them to provide education about medications that can increase the risk of falls among the older people. Additionally, educating nursing home workers and older people's caregivers about medication-related falls is critical. This may ensure patient safety by providing caregivers with the knowledge and skills necessary to prevent falls caused by medication mismanagement.

The "Geran Komuniti CE-SIR" (Title: "Be Ready, Be Steady, Live Happily": Preventing Falls Due to Medications' Adverse Effects) was granted to Dr. Mohd Shahezwan Abd Wahab and his team with the overall aim to educate and equip members of various communities, particularly older people and their caregivers, with important information about medications that may increase the risk of falling.

The project is divided into four sub-projects, each aimed at a different group:

- i. older people at an activity centre
- ii. community pharmacists
- iii. non-clinical workers in nursing homes
- iv. caregivers

A quasi-experimental study will be conducted among a sample of older adults aged 60 and up, as well as their caregivers. Both groups will be invited to receive a consultation about medications that can increase the risk of falls in older adults. A pre-survey will be conducted prior to the intervention to establish the participants' baseline knowledge and awareness. A post-intervention survey will be conducted to assess the change in knowledge and awareness. Additionally, a sample of community pharmacists and nursing home workers will be recruited and interviewed. The goal is to investigate the barriers and facilitators to the safe use of medications that may increase the risk of falls in older people. Following that, these participants will receive training on how to prevent medication-related falls. The goal of implementing this comprehensive project is to increase knowledge and awareness about medications that can increase the risk of falls among older adults, community pharmacists, nursing home workers, and caregivers. Ultimately, this initiative seeks to improve the safety and well-being of the local elderly population.



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