

Q&A · **Managing Falls Risk** · Improving Quality in Senior Living

1. What is the role of vitamin D in relation to falls?

Men and women over age 65 years with low serum 25-hydroxyvitamin D concentrations (<10 ng/mL [25 nmol/L]) are at greater risk for loss of muscle mass, decreased strength, and hip fractures. Vitamin D supplementation may improve bone mineral density and muscle function.

2. What was the resource from alz. association?

<https://alz.org/professionals/professional-providers/coronavirus-covid-19-tips-for-dementia-caregivers>

3. What combination of medication classes can lead to increased tendencies for falls?

Medications with activity directed at the central nervous system, such as neuroleptics, benzodiazepines, antidepressants, antipsychotics, sedatives, and hypnotics can increase potential for falls. Also, vasodilators, diuretics, beta-blockers, opioids, and diabetic medications may be associated with an increased risk of falls.

4. What do you think about tai chi for improving balance? I have seen classmates in their 80s have incredible balance in our tai chi practice at our local gym. I do not see this used much in the senior living communities that I insure around the country. I feel that the benefits are significant in other areas of health, as well.

The National Council on Aging, CDC, and other reputable organizations recommend tai chi in the elderly for preventing falls one example of an exercise for "balance, gait and strength training". There are many studies available, including randomized controlled trials in older adults performing Tai Chi. In a study of 670 adults age 70 or older who had fallen at least once in the last year, tai chi adapted for fall prevention was more effective than a generic exercise program or a stretching routine. Adults who practiced tai chi 2 hours per week for 6 months were 31% less likely than those in the exercise group to fall again and 58% less likely to fall than those in the stretching group.

5. You cannot prevent falls, but you can manage them = reduce # of serious falls. The key is to implement the wellness program addressing fall management:- risk assessment- balance testing and programs- strengthening and increasing muscular mass - core, lower extremes and hands- exercising as a whole will reduce need for medication and often resulting dizziness. My thoughts: implement preventive wellness programs to minimize (over)medication to lower # of serious falls.

Statement.

6. Vitamin D use? Where are we at with Vitamin D and falls reduction?

Same as question #1

7. Because of the discontinuance of many regular meds to concentrate on Covid-19, are there any likely increased risks of falls?

The de-prescribing focus during the pandemic is patient specific as to which medications are considered as non-essential in the interim by the prescriber.

8. Do we have contact information for either speaker after this program ends? I know I will have at least one for one of Rebecca's slides where she gave a lot of supplemental information for each item shown on the slide.

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9. Can you describe a situation where you were able to decrease psychotropic medications in someone who is frequently combative during adl care and has frequent falls? How did you get staff buy-in?

ADL's tend to be on a schedule. Therefore, it's important to determine the resident's individual preferences, communicating necessity for these to occur and discussing a plan, and ensuring resident is comfortable with staff member providing care.

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10. Any good websites for deprescribing?

<https://deprescribing.org/>

<https://medstopper.com/>

<https://globalrph.com/medcalcs/medication-appropriateness-index-calculator/>

<https://www.pharmacy.umaryland.edu/centers/lamy/optimizing-medication-management-during-covid19-pandemic/>

Stop/Start Criteria

American Geriatric Society Beers Criteria-Potentially inappropriate medications in older adults

<https://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CLO01>

11. Recommendations specific to hospice patients for fall prevention?

Center to Advance Palliative Care

<https://www.capc.org/>

12. Working in short term stay rehab SNF; we've been noticing increased falls simply for the fact that these residents are so use to being independent and refuse (some with dementia forget) to utilize call light. Any tips to reduce falls in these residents?

- Implement staff training for communicating effectively with resident on current physical capabilities
- Obtain an Occupational therapist consult for resident's with dementia
- Counsel resident on potential negative outcomes of falls-see slides, ie. fracture, concussion, hospitalization

13. What do you think is the overall effects of Social Distancing on falls?

Initially, a decline may be observed. Residents are isolated and not participating in activities, group dining and hallway walks and talks. Be aware once social distancing subsides to ensure measures are in place for fall prevention of all residents and a special focus on frequent fallers.

14. What do you use for pain management if topical agents, Tylenol, and NSAIDs are not an option?

Pain is subjective, unpleasant and emotional. Treatment with prescription and over the counter medicatino is very individualized. Non-medicinal options include cold, heat, exercise, physical and

occupational therapy, mind-body techniques, yoga and tai chi, biofeedback, music therapy, massage

15. Can you describe a situation where you were able to decrease psychotropic medications in someone who is frequently combative during adl care and has frequent falls?

ADL's tend to be on a schedule. Therefore, it's important to determine the resident's individual preferences, communicating necessity for these to occur and discussing a plan, and ensuring resident is comfortable with staff member providing care.

16. Behavior management, especially in combination with psychotropic drug management, is also a service specially trained OTs do. Dementia management has always been part of occupational therapy.

Statement.

17. Why isn't diet more of a focus for many of our seniors chronic conditions versus a pharmacy solution?

Recommend dietician consults upon move in, periodically and with a change in condition. Many older adults have sought the option of a senior living community due to multiple comorbidities, cognitive decline, falls or physical changes that may warrant medications along with individualized nutrition changes.

18. Any video recommendations for individual patients to view in their rooms?

<https://www.ncoa.org/healthy-aging/falls-prevention/>

19. In order to most effectively predict falls risk within our communities, what sources or types of patient/resident data have you seen correlated with prescribed medications that have provided the greatest level of accuracy or successful pre-event risk identification?

<https://www.cdc.gov/steady/materials.html>

<https://www.ahrq.gov/professionals/systems/hospital/fallp toolkit/fallp xtk-tool3i.html>