

Medications and Falls: Managing the Risks Information for Healthcare Professionals

It isn't always possible to stop a medication because of falls risk **but it is possible to manage that risk.**

| Medication* | Why falls may occur | What you can do |
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| Antihypertensives (e.g. <i>metoprolol, cilazapril</i>) | Decreased blood pressure leading to dizziness | <ul style="list-style-type: none"> Tell the patient to sit up/stand up/change position slowly |
| Antidepressants, Antipsychotics, Antiepileptics (e.g. <i>citalopram, tricyclics, quetiapine, sodium valproate</i>) | Decreased alertness, dizziness/unsteadiness, sedation | <ul style="list-style-type: none"> Let patients know that they may be less alert/feel drowsy Tell patient to sit up/stand up/change position slowly |
| Corticosteroids (<i>Long Term Use: usually at doses equivalent to prednisone 40 – 60mg /day or above</i>) | Muscle weakness in the arms, legs and neck | <ul style="list-style-type: none"> Let patients know they may develop muscle weakness when starting high dose or long-term corticosteroid therapy Encourage physiotherapist input/exercise programme. |
| Diabetes medications (e.g. <i>insulins, gliclazide</i>) | Lower blood sugar levels leading to dizziness/unsteadiness | <ul style="list-style-type: none"> Give doses at appropriate times with regard to food to prevent hypoglycaemia |
| Diuretics (e.g. <i>furosemide</i>) Laxatives (e.g. <i>Movicol, Laxsol, Microlax enemas</i>) | Frequent/urgent trips to the toilet | <ul style="list-style-type: none"> Ensure regular opportunities for toileting Diuretics should be taken in the morning or early afternoon |
| Pain medication (e.g. <i>morphine, codeine</i>) | Decreased alertness, dizziness/unsteadiness, sedation | <ul style="list-style-type: none"> Tell the patient to sit up/stand up/change position slowly |
| Sedatives Sleeping tablets Anti-anxiety (e.g. <i>zopiclone, diazepam, lorazepam</i>) | Decreased alertness, dizziness/unsteadiness, sedation | <ul style="list-style-type: none"> Good sleep hygiene should always be trialled where possible prior to the initiation of sedatives for sleep Let patients know that they may be less alert/feel drowsy Tell the patient to sit up/stand up/change position slowly |

*Note: This is only a guide to common medications that increase falls risk, not a comprehensive list. For more information ask your pharmacist

Educate the patient:

- It is vital that patients understand the risks of falls associated with their medication. Educating the patient will allow them to be actively aware of dangers and modify behaviours to avoid potential hazards.
- Tell patients of any changes to their medications – new medications and changes to existing ones may cause new/increased side effects.

Regular monitoring:

- Be alert for side effects that can lead to an increased falls risk such as sedation, unsteadiness, hypotension (including postural hypotension), and hypoglycaemia.
- If patients experience light headedness or dizziness ensure they are supervised when mobilising.

Rationalise use:

- Will non-pharmacological methods help?
- The need for medications can change over time. Ask pharmacist/medical team to review medicines.