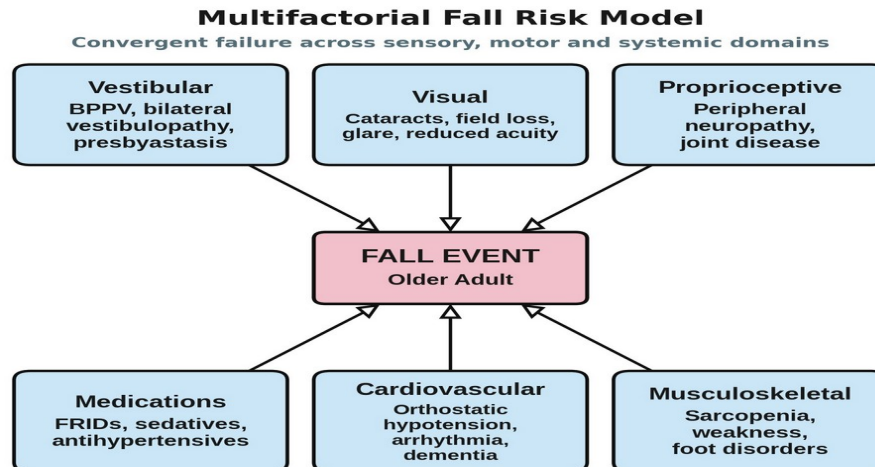


# Understanding Falls in Older Age

## Falls in older age — information for patients

Your clinician has talked with you about falls. Having a fall — or finding that you are losing your balance more often — is common as we get older, and there is a great deal that can be done to make falls less likely. This leaflet explains why falls happen, what we check for, what helps, and what to do if you fall. Please bring it with you to your follow-up appointment.

## Why do falls happen more often as we age?



*Falls usually happen when several small problems add up — each one minor on its own, but together enough to upset your balance.*

Staying steady on our feet relies on three senses working together: the balance organs in the inner ear, the eyes, and the sense of position from the feet and legs. The muscles, the heart and circulation, and the brain all play a part too. As we get older, each of these can become a little weaker. A fall usually happens not because of one big problem, but because several small ones add up — for example, slightly weaker legs, a touch of unsteadiness from the inner ear, reduced feeling in the feet, and a tablet that lowers blood pressure, all at the same time.

The good news is that most of these small problems can be improved. Because falls have several causes, the most effective approach tackles several of them together — and even modest changes in a few areas can make a real difference to your safety and confidence.

**Key idea: A fall is rarely caused by one single thing. It is usually several small problems adding up — and most of them can be improved. Falling is not an unavoidable part of getting older.**

## What makes a fall more likely?

- Weaker legs and poorer balance — often from doing less activity over time.
- Dizziness or unsteadiness from the inner ear (balance organ), the eyes, or reduced feeling in the feet.
- Dizziness or light-headedness when standing up, often from blood pressure dropping or from certain medications.
- Trip hazards at home — loose rugs, poor lighting, clutter, or a lack of grab rails — and unsuitable footwear.

Some medications make falls more likely, especially sleeping tablets, some antidepressants, and blood-pressure tablets. Poor eyesight, problems with the feet, and conditions such as Parkinson's disease or a previous stroke also add to the risk. Your clinician will look at all of these.

## What we check

We look at the whole picture rather than searching for a single cause. Your clinician will ask exactly what happened during each fall — what you were doing, whether you felt dizzy or faint, and whether you blacked out. We measure your blood pressure lying down and again standing up, check your balance and walking (often with a simple timed walking test), test the strength in your legs, check your eyes and feet, and review every one of your medications. We will also check the inner-ear balance system, because inner-ear problems are a common and very treatable cause of falls that is easily missed. Sometimes blood tests, a heart tracing (ECG), a bone-density scan, or a brain scan are arranged when needed.

## What helps

Because falls have several causes, the most effective plan works on a few of them at once. The steps below are the ones with the strongest evidence — your clinician will tailor them to you.

- **Staying active — strength and balance exercise:** This is the single most effective thing you can do. Programmes such as the Otago exercises or Tai Chi, done regularly, cut falls by about a third. Your clinician or physiotherapist can set you up with the right programme.
- **Medication review:** We look for any tablets that make you drowsy, unsteady, or lower your blood pressure too much, and reduce or stop them where it is safe to do so.
- **Eyes, feet, and home safety:** Updating glasses, treating cataracts, good footwear, and simple changes at home — grab rails, better lighting, removing loose rugs — all reduce falls. An occupational therapist can check your home.
- **Treating dizziness and inner-ear problems:** If an inner-ear cause is found, specific treatments — such as a simple repositioning manoeuvre or balance retraining exercises — can settle the dizziness and steady your balance.

**Please seek urgent help if: you fall and cannot get up, hit your head, black out, or develop new weakness, slurred speech, double vision, or a severe headache. For these, call 000 or go to your nearest emergency department. Otherwise, tell your clinician about any fall — even a minor one — so we can help prevent the next.**

## What to do after a fall

If you can, stay calm and check yourself for injury before getting up. Roll onto your side, push up onto your hands and knees, crawl to a sturdy chair, and use it to rise slowly. If you are hurt, cannot get up, or feel unwell, call for help and stay warm while you wait. Always tell your clinician about a fall, even if you were not injured — knowing it happened helps us prevent the next one. It is a good idea to have a way to call for help, such as a phone kept within reach or a personal alarm.

## What happens over time?

Falls are not an unavoidable part of ageing. With the right plan, most people can reduce how often they fall and feel much steadier and more confident. It is very common to feel anxious about falling again — and that worry can itself make you less steady by leading you to move less and lose fitness. Please tell your clinician if you feel this way: staying gently active, with support, is one of the best ways to rebuild both strength and confidence.

## Helping yourself stay steady

- **Keep moving.** Do your strength and balance exercises regularly — staying active is the most powerful way to prevent falls.
- **Have your eyes checked and wear well-fitting, flat, non-slip shoes —** avoid loose slippers and walking in socks.
- **Make your home safer:** good lighting, grab rails in the bathroom, and clear floors free of loose rugs and clutter.
- **Stand up slowly, especially after sitting or lying down, to avoid the dizziness that comes from a drop in blood pressure.**
- **Keep your follow-up appointments and tell us about every fall — even minor ones — so your plan stays right for you.**

Australian Dizziness Clinics | [www.AustralianDizzinessClinics.com](http://www.AustralianDizzinessClinics.com)