

Understanding Age-Related Balance Problems

Age-related balance decline (presbystasis) — information for patients

Your clinician has explained that your balance problems are related to changes that happen in the body's balance system as we get older. This is very common, it is not a sign of anything sinister such as a stroke, and there is a great deal that can be done to help. This leaflet explains what is happening, why, and the practical steps that keep you steady and independent.

What is age-related balance decline?

Your sense of balance relies on three systems working together: the balance organs in your inner ears, your eyes, and the position sensors in your muscles and joints (especially in your legs and feet). Your brain blends these three streams of information to keep you upright and steady. As we age, all three systems naturally weaken a little, and the brain becomes a little slower at combining them. When the doctors find a measurable but mild weakening of the inner-ear balance organs on both sides, this is called presbyvestibulopathy — the medical name for the inner-ear part of age-related balance decline.

◆ *Age-related balance decline is common and treatable — not a stroke or anything sinister. Balance can be trained, much like a muscle.*

Why does it happen?

In younger people, if one of the three balance systems is briefly unreliable — for example your eyes in the dark — the other two easily make up for it. With age, because all three have weakened together, there is less spare capacity. That is why unsteadiness is often worst in dim light, on uneven or soft ground, on stairs, or in busy, visually cluttered places — exactly the situations that ask the most of the balance system.

What are the symptoms?

- A feeling of unsteadiness or wobbliness, especially when walking or turning.
- Feeling worse in the dark, on uneven ground, on stairs, or in busy places such as shopping centres.
- A general 'off-balance' or light-headed feeling, rather than sudden spinning attacks.
- Near-falls, trips, or actual falls; some people start to feel less confident moving about.

Sudden spinning (vertigo) usually points to a different, often very treatable, inner-ear problem such as BPPV — tell your clinician, because this is worth finding and fixing.

How is it diagnosed?

There is no single test. Your clinician makes the diagnosis from your history and examination, supported by simple balance and gait tests in the clinic, and by inner-ear tests such as the video head impulse test that measure how well your balance organs are working. They will also check your eyes, your blood pressure on standing, your medicines, and your sensation, because all of these can add to unsteadiness and can often be improved.

How is it treated, and what helps?

The good news is that balance can be retrained at any age. Treatment is practical and built around staying active and safe:

- Balance and strength exercise is the single most helpful thing — group programmes such as Tai Chi are proven to reduce falls.

- A physiotherapist can give you tailored balance and eye-movement (vestibular) exercises; doing them regularly is what makes the difference.
- Have your eyes and hearing checked and corrected — good vision and hearing both help balance.
- Ask your doctor to review your medicines; some tablets add to dizziness and may be reduced.
- Wear supportive, flat, well-fitting footwear; avoid loose slippers and high heels.
- Make your home safer — good lighting, remove loose rugs and clutter, and fit grab rails on stairs and in the bathroom.

Preventing falls

Falls are not an inevitable part of getting older, and most can be prevented. If you have had a fall or feel unsteady, tell your doctor — a falls assessment can find the specific reasons and put a plan in place. Keeping active is protective: the more you move (safely), the steadier and stronger you stay. Avoiding activity through fear of falling tends to make balance worse, so the aim is to keep going with the right support.

What happens over the long term?

With balance exercise and the practical steps above, most people stay active, independent, and confident on their feet. Improvement is usually gradual, and gains are kept up by continuing to exercise — a little and often is better than occasional bursts. Your clinician can review your progress and adjust the plan over time.

◆ *Stay active, do your balance exercises, keep your eyes and hearing checked, review your medicines, and make your home safe — together these meaningfully lower your risk of falling.*

Australian Dizziness Clinics | www.AustralianDizzinessClinics.com

This leaflet is general information and does not replace advice from your own clinician.