

Fracture liaison study day-Falls and Polypharmacy

CHERRY CRAWSHAY MAY 2024



Falls-who are risk?

- ? ALL INPATIENTS
- AGE IS A KEY RISK FACTORS FOR FALLS
- VISUAL CHANGES
- PHEARING LOSS
- PROPRIOCEPTION CHANGES
- POLYPHARMACY
- FUNCTIONAL DECLINE
- COGNITIVE CHANGES
- BALANCE IMPAIRMENT
- MUSCLE STRENGTH, PARAPLEGIA/TETRAPLEGIA
- DISEASE BURDEN



What is our role in falls reduction and preventing fractures?

- MEDICATION REVIEW
- MEDICATION HISTORY
- MEDICINE RECONCILIATION ON ADMISSION
- MEDICINE OPTIMISATION DURING THEIR INPATIENT STAY
- PALL PREVENTION EDUCATION
- MEDICINE RECONCILIATION ON DISCHARGE
- **?** BONE HEALTH ASSESSMENT
- RESTORATIVE CARE
- SAFE MOBILITY STEERING GROUP
- POST FALL REVIEW

Polypharmacy

- DEFINITION OF POLYPHARMACY (MAJOR(10); HYPER POLYPHARMACY (> 10 MEDS FOR > 90 DAYS); EXCESSIVE (10 MEDS > FOR 6 MONTHS)
- ROLE OF MEDICINE OPTIMISATION





Other factors to consider

- RENAL FUNCTION
- DISEASE STATE (FLUID OVERLOAD/ DEHYDRATION)
- AGE
- LIVER FUNCTION
- DIET
- BMI
- MUSCLE MASS
- PHARMACOKINETICS/PHARMACODYNAMICS
- ACUTE ILLNESS

What tools are available to guide us?



Stopp/Start screening tool

Beer's criteria

Action Learning Set

Medication Appropriate Index

Anticholinergic burden

Improving prescribing in elderly tool

Zhan tool

ACOVE tool



Five aspects- to reduce polypharmacy

- 1. Healthcare practitioners' confidence to stop medications when no longer indicated
- 2. Knowledge of medicines and indications.
- 3. Goals of treatment
- **4.** Document length of treatment and review dates.
- **5.** Collaborate with the patient.

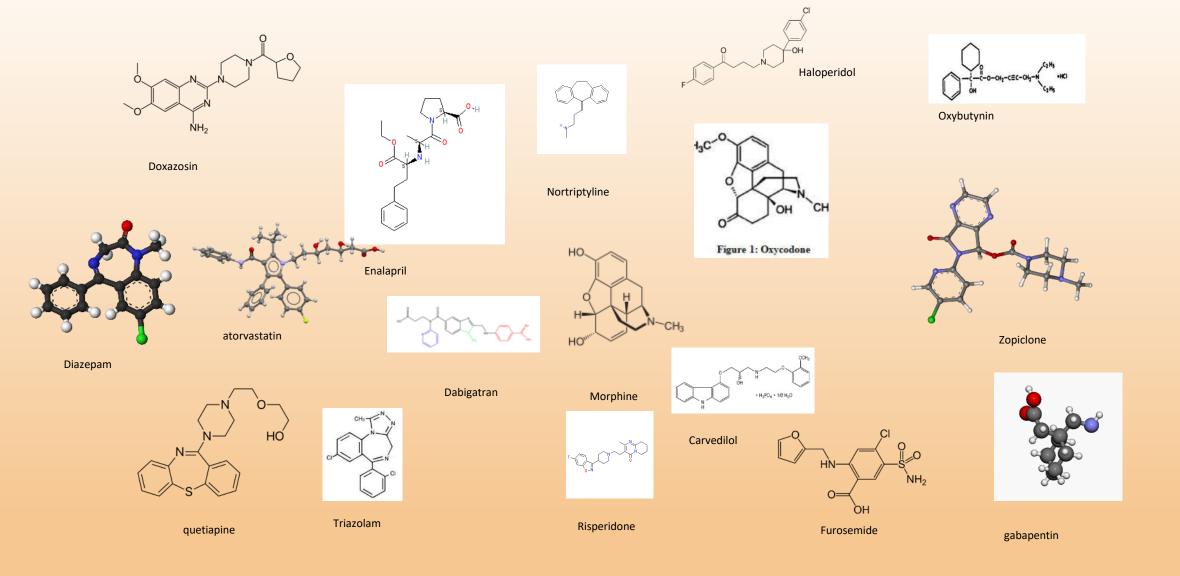


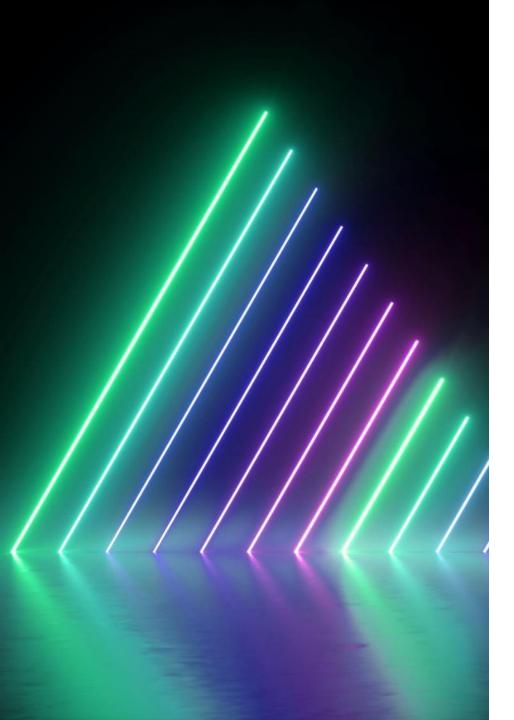
Closing remark

Medication assessment from WHO guideline Strong Recommendation

Assess for fall history and the risk of falls before prescribing potential fall risk increasing drugs (FRIDs) to older adults, available in *Age and Ageing* online).

GRADE: 1B.





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Thank you and questions?

