



# Falls Prevention And Alzheimer's

*Falls are preventable, according to the Alzheimer's Association's newly released care practice recommendations for caring for people with dementia.*

**I**N PHASE 2 OF ITS "DEMENTIA Care Practice Recommendations for Assisted Living Residences and Nursing Homes," the Alzheimer's Association turns its attention toward wandering, falls, and restraints. The recently released recommendations outline practical strategies for how to respond effectively to specific care issues and improve the quality of life for patients and residents.

Last month, *Provider* discussed the Phase 2 practice recommendations for wandering (see *Provider*, October 2006). Following is a synopsis of the association's recommendations for falls. *Provider* will follow up on the Phase 2 recommendations on restraints in a future issue.

## Reducing The Risk Of Falls

Neurological impairments in perception or cognition and changes in motor function, stance, or gait are all factors that may contribute to increased risk of falls for residents with Alzheimer's disease. Other individual risk factors include depression, fatigue, history of falls, postural hypotension, incontinence, and prolonged immobility.

Falls may also be attributed to environmental factors such as clutter (obstacles), inadequate cueing (unclear or confusing directional signs); improper footwear; unsafe equipment (wheelchairs that don't lock into place when stationary); lack of stable furniture or handrails to steady oneself; floors or ground that are uneven, slippery, or have glare; inadequate lighting; or weather conditions that may result in such problems as slippery sur-

faces, perceptual difficulties, or heat exhaustion.

Use of certain medications (sleep aids, tranquilizers, anti-anxiety medications, narcotics, and certain anti-hypertensives, for example) may also increase the risk of falls for patients

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with Alzheimer's, so clinicians should be especially cautious when considering new medications or changes in medication.

The consequences of falls can be both physically and emotionally damaging to the resident. Besides the broken bones or concussions that may ensue, residents can develop a fear of falling that limits their willingness and ability to stay mobile.

## Resident Assessment

A falls-prevention program for individuals with Alzheimer's begins with a thorough resident assessment—prior to admission, if possible. The admitting facility should collect information from family, friends, or the transferring facility about the resident's history and patterns of falling and strategies that have been used to prevent falls.

This initial assessment may prove especially critical in the first few weeks after a resident enters a new facility, because individuals with Alzheimer's may find the new surroundings confusing. The first 24-48 hours after an admission to a new setting are critically important. After a reasonable adjustment period, ongoing assessment addresses the changing risk of falls as dementia progresses.

Other elements of an effective resident assessment include:

- History and patterns of near-falls, recent falls, and fall-related injuries.
- Cognitive impairment and capacity for safe and proper use of adaptive equipment and mobility aids such as walkers.
- Functional status and factors that affect mobility, including muscle tone and strength, transfer ability, balance, stance, gait, and ambulatory ability.
- Sensory function, including vision, ability to sense position of limbs and joints, and tactile senses. It should be noted that visual impairment may be related to contrast, sensitivity, field loss, and use of glasses with incorrect prescriptions. A new prescription for corrective lenses may cause falls, and residents with cognitive impairment may be unable to use bifocals or trifocals properly.
- Medical conditions that may con-

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tribute to falls, such as pain, infections, cardiovascular disease, osteoporosis, deconditioning, and nighttime urinary frequency and urgency.

- The presence of hallucinations or delirium.
- The presence of restraints.
- Nutritional status and recent weight loss.
- Current medication regimen and use or recent change in medications.
- History or presence of substance abuse or withdrawal symptoms.
- Psychological conditions such as depression and anxiety.
- Aspects of a resident's life history, professional and personal occupations, and daily routines could lead a resident to attempt activities that might result in a fall (a resident previously in the moving business might try to move heavy furniture, for example).

## Staff Approaches

Based on the resident assessment, staff can develop a care plan that promotes resident mobility and safety, while preventing or minimizing injuries. The plan should be updated as the resident's falling patterns change with the progression of dementia. Family members and front-line caregivers should always be involved in the planning process as the resident's condition changes.

In order to ensure an effective approach to reducing risks and managing falls, staff must be adequately trained in dementia care. The training should, at a minimum, address such key factors as:

- Conducting resident risk assessments.
- Identifying and monitoring behaviors that increase fall risk, such as wandering patterns.

**Note:** An updated version of the September Caregiving article on feeding patients with dysphagia is now available on *Provider's Web* site at [www.providermagazine.com](http://www.providermagazine.com).

■ Identifying and monitoring resident needs (loneliness, for example) that may increase risk of falls or fall-related injuries.

■ Understanding the risks and benefits of potential interventions to prevent falls.

■ Understanding the benefits of exercise for improving a resident's strength and endurance.

■ Knowing the proper techniques for the use of safety equipment and personal safety devices.

■ Mastering safe techniques for lifting and transferring residents.

## Key Points

When addressing falls, resident mobility should be a key objective of any program.

The more a resident is immobile, the more he or she is at risk for injurious falls. Exercise that promotes sit-to-

stand activities and walking as part of the daily routine can help preserve a resident's mobility.

Other key points related to falls include:

■ Always follow existing organizational policies and procedures relating to fall management and response. This includes, for example, performing fall event assessments at the time of the fall to identify and address the specific cause for a fall, such as water on the floor or resident dizziness after standing up.

■ Look to a range of interventions that are available to individually tailor preventive strategies for residents at risk of falling. Strategies informed by thorough resident assessments have the highest likelihood of reducing falls.

For example, to reduce falls associated with urgent trips to the bathroom, staff should consider using an individual toileting schedule or a bedside commode. Other interventions include:

—Ensuring that staff are available to help those residents who need assistance with ambulation, dressing, toileting, and transferring. Consistent staff assignment increases staff familiarity with individual residents.

—Eliminating physical restraints, unless needed for medical treatment in an emergency.

—Promoting consistent and appropriate use of assistive devices, such as walkers. It should be noted that some residents may always need staff to walk with them to prevent falls.

—Promoting a regular sleep-wake cycle by keeping bedding dry and ensuring residents are exposed to sufficient daylight, identifying a resident's regular bedtime routine, and matching the sleep-wake cycle to lifelong sleep habits.

■ For residents who can safely participate, staff should devise a scheduled and structured exercise or walking program in order to maintain or improve the residents' function, posture, and balance. A useful hint is to develop walking programs around a resident's

## OTHER ENVIRONMENTAL INTERVENTIONS

There are various ways to modify the environment to help prevent resident falls. For example, the height of beds, wheelchairs, and toilets can be adjusted. Stable handholds can be made available by providing such items as grab bars and railings. Furniture should be sturdy and in good condition and located to match as closely as possible the resident's previous bedroom-to-bathroom path.

Other environmental adjustments might include:

■ Creating and maintaining a clear path to the bathroom; the provision of nonslip floor treatments throughout the facility, especially in bathrooms and next to beds.

■ Encouraging residents to use footwear that is nonskid and provides a wide base of support.

■ Ensuring that lighting is adequate (install nightlights between a resident's bed and bathroom, for example).

■ Employing silent alarms to alert staff when a resident at risk attempts to leave a bed or chair.

need to get someplace, such as walking to and from the dining room.

■ The environment should be carefully assessed, including such factors as layout (shape of space and ease of getting around); lighting and glare; presence of obstructions in both resident rooms and common areas; accessibility,

visibility, and safety of bathroom and dining room; sturdiness and visibility of handrails and furniture; contrast of the toilet and sink from the wall and the floor; safety and working condition of equipment and fixtures (bedside commodes, shower chairs, brakes on wheel chairs); appropriate use of per-

sonal safety devices, such as canes, walkers or wheelchairs; bathing facilities with nonslip surfaces; floor surfaces, textures, and patterns; fit and use of resident footwear (examine shoes for traction); and use of loud house-keeping equipment when residents are asleep.

■ Documentation and a tracking tool should be used to identify falls, fall patterns, and patterns of risky movement. Staff should follow up with a family care plan meeting to evaluate options, such as use of an individual caregiver or presence of family and friends to help during peak activity times.

■ If necessary, residents should be referred to a qualified professional for evaluation using a more in-depth assessment of the resident's functional mobility and ability to use safety awareness and compensatory strategies. Upon admission, refer residents to appropriate professionals if they have a history of recent falls; an existing or new gait disorder or other condition that may be related to falls; or a need for restorative activity to support mobility by strengthening muscles, improving balance, stabilizing gait, and increasing physical endurance. ■

### For More Information

■ To learn more about the Campaign for Quality Residential Care, visit [www.alz.org/qualitycare](http://www.alz.org/qualitycare).

■ For questions about the practice recommendations, contact Jane Tilly at [jane.tilly@alz.org](mailto:jane.tilly@alz.org).

■ Questions regarding training and Web-based programs should be directed to Peter Reed at [peter.reed@alz.org](mailto:peter.reed@alz.org).

■ The Alzheimer's Association also conducted two comprehensive literature reviews that can be found at [www.alz.org/qualitycare](http://www.alz.org/qualitycare).

■ The Alzheimer's Association CareFinder to empower people with dementia and their families to make informed decisions can be accessed at [www.alz.org/carefinder](http://www.alz.org/carefinder).