

Eight things your GP should check if you have a Fall

Haywards Heath & District Probus Club



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1. **An assessment for an underlying new illness:** Doctors almost always do this if an older person has a generalised weakness, **delirium**, or other signs of feeling unwell. Be sure to mention any symptoms you have noticed, and let the doctor know how quickly the changes came on. Just about any new health problem that makes an older person weak can bring on a Fall. Some common ones include:

- Urinary tract infection.
- **Dehydration**.
- **Anaemia** (low red blood cell count) which can be brought on by bleeding in the bowel or by other causes.
- Pneumonia.
- Heart problems such as atrial fibrillation.
- Strokes, including mini-strokes that don't cause weakness on one side of the body.

2. **Make sure a blood pressure and pulse reading is taken both when sitting and when standing:** This is especially important if you've been worried about Falls — or near Falls — that are associated with light-headedness or fainting. If you take blood pressure medication, you should get your GP to confirm that you aren't experiencing a drop in blood pressure when you stand.

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3. **Blood tests:** Reviewing an older person's blood tests is often a good idea after a Fall. Falls can be worsened by problems with an older person's blood count or by things like blood sodium getting too high or too low. Generally, a complete blood cell count (CBC) and a check of electrolytes and kidney function are good places to start. Be sure to ask your GP to explain any abnormalities found in your blood results, whether they might be related to Falls, and how they plan to address them. If you have diabetes and take insulin or other medications to lower blood sugar, be sure to bring in the glucometer or a blood sugar log. Episodes of low blood sugar (hypoglycemia) are an important risk factor for Falls, but a laboratory blood test generally doesn't show moments of low blood sugar.
4. **Medications review:** Many older adults are taking **medications that increase Fall risk**. These medications can often be reduced or even eliminated. Be sure to ask the GP to address the following types of drugs:
 - **Any sedatives, tranquilisers, or sleeping medications:** Some antipsychotic drugs for restless dementia behaviours can also increase sedation and Fall risk.
 - **Blood pressure and diabetes medications.** As noted above, it's not unusual for older adults to be "over-treated" for these conditions, meaning they are taking a level of drugs that causes the blood pressure (or blood sugar) to be lower than is really necessary for ideal health.
 - **"Anticholinergic" medications:** These medications are commonly taken by older adults, who often have no idea that these medications worsen balance and thinking. They include medicines for allergies, overactive bladder, vertigo, nausea, and certain types of antidepressants which may also be given for nerve pain.
5. **Gait and balance:** At a minimum, a gait assessment means that your GP carefully watches the way you walk. There are also some simple ways to check your balance. Simple things to do, if gait and balance don't seem completely fine, are:
 - Address any pain or discomfort if that seems to be a cause of problems. Many older people walk badly because it offsets the pain in their feet, joints, or back.
 - Consider a physical therapy referral for gait and balance assessment. A physical therapist can often recommend suitable strengthening exercises and help fit the older person for an assistive device if appropriate.
6. **Check your vitamin D level:** Studies suggest that treating low vitamin D levels might help reduce Falls in older adults. Low vitamin D levels can also contribute to fragile bones.
7. **Evaluation for underlying heart or neurological conditions:** These chronic conditions are different from the "acute" types of illnesses usually looked for after a Fall. In a minority of cases, an older person may have Fallen because of the development of a chronic problem with the heart or blood pressure system. An example of this would be **paroxysmal rapid atrial fibrillation**, which causes the heart to sometimes race. It's also possible for older people to develop a new chronic neurological condition, such as Parkinson's disease. If you're worried about these possibilities, ask your GP: "*Do you think a heart condition might have caused this Fall? Or do you think an underlying neurological condition could have caused this Fall?*"
8. **Vision, podiatry, and home safety referrals:** It may be that you need a sight test, podiatry care, or a home safety evaluation. It's a good idea to talk to your GP about whether these services might help.

Excerpted from the post ([HERE](#)) by [Leslie Kernisan, MD MPH](#). © Copyright Leslie Kernisan. The list below is partly based on the American Geriatrics Society's Clinical Practice Guidelines on Preventing Falls.

Further Information

Please refer to my paper *Information about Falls - Why they happen and how to avoid them*, available [HERE](#).

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