

Care Homes Good Practice Guidance

Medicines and Falls Management

Introduction

Adults living in care homes are three times more likely to fall than those living in their own home. These falls tend to be more serious. Falls have negative effects on independence and quality of life. Falls are associated with increased mortality and health related costs.¹

Medicines may increase the risk of falls. Although this is one of many factors that contribute to the risk of falls, it is a factor that can be changed.² This good practice guidance aims to educate care home staff about medicines which can contribute to falls and actions that can be taken to reduce this risk.

Medication should not be looked at in isolation, however other causes of falls are outside the scope of this document.

How do Medications Contribute to Falls

Many medicines can contribute to falls. In addition, older people are more vulnerable to the effects of medications because of age-related changes to organs such as the liver, kidney, heart, and brain.³

Polypharmacy (the use of multiple medications by a person) increases the risk of adverse drug reactions that contribute to falls. As people age and become more frail some higher risk medications may no longer be appropriate and can be stopped.

Medicines that cause one or more of the following effects can increase the risk of falling:

For medication side effects information please see: [BNF \(British National Formulary\) | NICE](#)

(The examples used are not an exhaustive list)

Effect of Medication	Rationale for causing falls
Visual Impairment Examples: Alendronic acid Tamoxifen Topiramate	Blurred vision or dry eyes result in a loss of sharpness of eyesight, making objects appear out of focus or hazy. This increases risk of falls as a person may bump into furniture or doorways or misjudge a shadow for a door frame. A person may describe double vision, blurred vision, or poor vision.
Sedation and Drowsiness Examples: Mirtazapine Diazepam	Sedation can be defined as a state of calmness, relaxation, or sleepiness caused by certain drugs. The elderly are more prone to the side effects of medicines that work on slowing the central nervous system/brain leading to falls. Drowsiness can be defined as a tired state, between sleeping and being awake increasing the risk of falls.

Zopiclone	
Hypotension/Low blood pressure Examples: Furosemide Amitriptyline Amlodipine	Can cause dizziness, light-headedness, fainting or a feeling of nausea. It is important to check a person's blood pressure if you suspect hypotension, refer to the care homes relevant policy for the next steps of action. People with a BP reading under 90-100/50-60 millimetres of mercury (mm Hg) are usually regarded as having a low BP.
Postural Hypotension Examples: Furosemide Amitriptyline Amlodipine	This is caused by a drop in blood pressure when the body changes position. Postural hypotension is diagnosed when a lying and standing blood pressure measurement shows a drop of 20 mm Hg in systolic blood pressure or a drop of 10 mm Hg in diastolic blood pressure within two to five minutes of standing up. Symptoms of postural hypotension may be experienced at lower blood pressure drops than this. If postural hypotension is suspected, a lying and standing blood pressure must be carried out. Advise the resident to avoid suddenly getting up if they are sitting or lying down.
Parkinson's Symptoms Examples: Metoclopramide Haloperidol Prochlorperazine	Some medications cause Parkinson's-like symptoms. These include: abnormal fluency or speed of movement (called dyskinesia) may involve excessive or involuntary movement (hyperkinesia) or slowed or absent voluntary movement (hypokinesia). Similarly movement disorders (e.g. Parkinson's disease) affect the speed, fluency, quality and ease of movement. An individualised falls risk assessment for these residents is essential. These residents may be more likely to fall at certain times of day relating to their medication. If this occurs it may be possible to improve things by adjusting the timing of the medicines.
Confusion Examples: Oxybutynin Temazepam Chlorphenamine	Confusion is characterised by disturbance in orientation, memory, attention and perception. This can affect a person's ability to judge risky situations and take precautions when walking around.
Dizziness and Fainting Examples: Bisoprolol Gabapentin Pregabalin Sertraline	The term dizziness can mean different things to different people. Some use it to describe feeling lightheaded or off-balance, while others use it to describe a feeling that their surroundings are spinning. Fainting (syncope) is caused by a short (transient) temporary reduction in blood flow to the brain. Fainting usually results in a fall. If the resident has an aura (symptoms) before fainting they can take steps to prevent the faint causing damage such as by sitting or lying down.

<p>Hypoglycaemia (low blood sugar)</p> <p>Examples:</p> <p>Insulin Propranolol Gliclazide</p>	<p>An abnormally low level of glucose in the blood can lead to a fall. Residents who have diabetes should have a clear care plan in place on the management of hypoglycaemia (hypo) and antidiabetic medication should be regularly reviewed for their appropriateness.</p> <p>Residents' who are not diabetic can also have hypos, especially if they have not eaten recently. Those with this tendency often know it and should take action to prevent harm when they feel a hypo coming on. A care plan should be written stating what the individual will take when feeling a hypo coming on this may include a sweet such as jelly babies or a drink of orange juice.</p>
<p>Psychotropics</p> <p>Examples:</p> <p>Risperidone Olanzapine Lithium</p>	<p>These include antidepressants, anxiolytics and antipsychotic medications and should be reviewed regularly, with specialist input where appropriate. If psychotropics are used in the management of Behavioural and Psychological Symptoms of Dementia (BPSD), they should be reserved for severely distressed residents or where there is an immediate risk of harm to the resident or others. Antipsychotic treatment should be reviewed every 6 weeks as a minimum. See: GPG Antipsychotic Prescribing for BPSD.</p>
<p>Dehydration:</p> <p>Examples:</p> <p>Indapamide Lactulose Senna</p>	<p>Dehydration is a common cause of falls, therefore ensuring residents drink enough fluid. Medications such as diuretics and laxatives can lead to dehydration and it is important to review the appropriateness of laxatives on a regular basis. See: Maintaining Bowel Health and Preventing Constipation</p> <p>Concerns about reaching the toilet in time may cause individuals to fluid restrict, if this happens there should be a discussion with the resident to try to improve confidence that they can be helped to the toilet in time to prevent accidents.</p>

Other Factors to Consider

Medication Timing: The time a medication is taken can affect risk of falls. If you notice falls occur at a specific time of day point this out to the prescriber who may be able to change the timing of some medications.

Alcohol: When taken with some medications it can increase the risk of falls. Reminding residents' of this risk allows them to make informed decisions.

Blood thinning medication: If a resident who takes a blood thinning medication (e.g. Apixaban, Edoxaban, Rivaroxaban or Warfarin) has a fall which results in a cut, swollen or bruised area, or you suspect they have hit their head seek medical advice immediately.

Anticholinergic Burden (ACB): This is a scale commonly used to quantify the risk of harm to residents taking medicines with anticholinergic activity. Some medications contribute to

anticholinergic burden. Side effects such as muscle weakness, blurred vision, and mental confusion as described above are likely to lead to an increased falls risk of falls.

If you suspect this is a cause mention it to the prescriber and show them the document in the hyperlink See [Hints and Tips ACB Document](#).

Medication Review

Falls may be a consequence of recent medication changes but are often caused by medicines that have been prescribed for a chronic condition for a number of months or years. A falls prevention focused medication review is essential for residents who have had falls or are deemed to be at higher risk of falls. These residents should be highlighted to a clinician that manages their care. They can undertake a medication review with the aim to potentially stop, reduce the dose or change any medication at risk of causing falls. Following any medication change it is important that care home staff inform the resident's GP if a difference is observed in a resident's mobility, balance, coordination, or alertness.

Some medications should not be stopped abruptly, and the clinician will advise on how to reduce and stop these medications safely to minimise withdrawal symptoms.

Bone Health

Vitamin D is essential for healthy bones. People living in care homes are advised to take a daily vitamin D 10microgram nutritional supplement all year round. Providing a vitamin D supplement forms part of care homes requirement to meet residents' nutritional requirements. The care home should have processes in place to provide vitamin D for residents and to support residents to take vitamin D nutritional supplements where they wish to do so, or where a best interest's decision has been made for people who lack capacity.

See further details here: [Vitamin D Position Statement](#) and [GPG Homely Remedies and Self Care](#).

References

1. [\(BMJ Article: Reducing Falls in Care Homes\).](#)
2. [\(National Falls Prevention Coordination Group: Medicines and Falls\).](#)
3. [\(British Journal of Clinical Pharmacology: Prescribing medicines to older people-How to consider the impact of ageing on human organ and body functions\).](#)

Other Useful Documents

[The National Institute for Health and Care Excellence \(NICE\) Clinical Guideline 2013 'Falls in older people: assessing risk and prevention'](#)

[STOPPFall \(Screening Tool of Older Persons Prescriptions in older adults with high fall risk\). Screening tool used to identify medicines that increase the risk of falls in older adults.](#)

[PrescQIPP Bulletin: Medication and Falls](#)

[Guidance sheet: Medicines and Falls in Hospitals. Displays the grading/likelihood of medicines to cause falls.](#)

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