

REDUCING RISK OF FALLS FOR PEOPLE WITH DEMENTIA

People with dementia are four to five times more likely to fall than older people who do not have cognitive impairment. For those who fall, the risk of sustaining a fracture is three times higher than for cognitively well people. Also, those who fall are five times more likely to be hospitalized or live in a long-term care setting than older adults with dementia who do not fall. People with Parkinson's disease, vascular and Lewy body dementia are more prone to mobility disturbances. (Fiona Shaw, 2003)

The person with dementia may experience changes that increase their risk of falling.

Changes may occur in:

- insight, which affects judgment and the ability to reason
- recognition of sensory input, such as sight, sound, touch
- communication: ability to understand and express needs
- coordination of movement: the brain's inability to communicate with the muscles and carry out day-to-day functions despite having the physical ability
- interpretation of their environment, causing illusions and misperceptions e.g., depth, light intensity, colour, pattern, temperature
- retention of information: loss of memory, difficulty with new learning
- initiation of tasks, leading to immobility

Things to consider when a person falls:

- Is there a reversible cause or is it related to another medical condition?
- Is the person taking multiple medications?
- Is the person experiencing medication side-effects or interactions?
- Are medications being taken as prescribed?
- Does the person have changes in vision?
- Has the person's mobility changed?
- Is the person restless?
- Is the person fatigued?
- Is the person in pain but unable to recognize or communicate their discomfort?

PROVINCIAL - WINNIPEG 10-120 DONALD ST R3C 4G2 204-943-6622 alzmb@alzheimer.mb.ca

INTERLAKE / EASTERN - BEAUSEJOUR
BOX 1786, 31 1ST STREET ROE OCO
TEL: 204-268-4752 FAX: 204-268-4799
EMAIL: alzne@alzheimer.mb.ca

SOUTH CENTRAL - WINKLER
BOX 119, 204 MAIN STREET R6W 4A4
TEL: 204-325-5634 FAX: 204-325-6496
EMAIL: alzsc@alzheimer.mb.ca

NORTH CENTRAL - PORTAGE LA PRAIRIE
108 B SASKATCHEWAN AVE E. R1N 0L1
TEL: 204-239-4898 FAX: 204-239-0902
EMAIL: alznc@alzheimer.mb.ca

SOUTH EASTMAN - STEINBACH
9A - 90 BRANDT STREET R5G 0T3
TEL: 204-326-5771 FAX: 204-326-5799
EMAIL: alzse@alzheimer.mb.ca

PARKLAND - DAUPHIN
118 MAIN STREET NORTH R7N 1C2
TEL: 204-638-4483 FAX: 204-638-4493
EMAIL: alzprk@alzheimer.mb.ca

WESTMAN - BRANDON
UNIT 4B-457 9TH STREET R7A 1K2
TEL: 204-729-8320 FAX: 204-726-1082
EMAIL: alzwm@alzheimer.mb.ca

Communication

How the caregiver communicates with the person they are assisting is an important factor in reducing the risk of falls for people with dementia.

Remember to:

- obtain the person's attention: reduce distractions, gain eye contact
- watch for non-verbal cues from the person to help understand their actions and reactions
- be mindful of your approach: remain calm and watch your facial expression and gestures
- give thought to how instructions are given: use short, simple sentences; suggest one step at a time; use cue; allow time; encourage the person

Protective Considerations in the External Environment

Ensure Adequate Lighting

- increase lighting
- reduce glare
- limit shadows

Suggestions:

▪ Use night lights in the bedroom and hallway.	▪ Turn lamps on in dimly lit rooms.
▪ Purchase glow-in-the dark light switches.	▪ Utilize high wattage/low energy bulbs.
▪ Install lights in dark closets.	▪ Close drapes and use additional lighting at night.
▪ Open drapes during the day.	▪ Keep entrances and outside walkways well lit.
▪ Install outdoor motion-sensor light.	

Provide Visual Contrast

- Use obvious contrast in colour to define objects from the background.
- Use solid colours with no pattern to decrease confusion.
- Avoid black surfaces, which may be misinterpreted as being a black hole.

Suggestions:

▪ Use a contrasting coloured rubber mat or decals on bottom of the tub.	▪ Place a contrasting coloured towel or apply contrasting coloured tape on the edge of the tub.
▪ Use a non-slip contrasting bath mat.	▪ Install a contrasting colour toilet seat.
▪ Install darker handrails on light coloured walls.	▪ Use a contrasting colour doorsill.
▪ Apply bright, non-slip tape on the edge of each step or on the bottom and the top stair.	▪ Paint walls a light colour and baseboards a darker tone.
▪ Have darker floors and lighter coloured furniture.	

Keep Pathways Clear

- declutter
- keep surfaces level, dry and non-slip

Suggestions:

Floors:

▪ Remove anything in the pathway that could cause the person to trip.	▪ Remove scatter mats or secure mats with double-sided tape.
▪ Replace uneven, damaged flooring.	▪ Replace rippled carpets.
▪ Avoid waxing floors.	▪ Ensure doorsills are no more than one inch high.
▪ Clean up spills immediately.	▪ Tie up or secure extension cords.

Furniture:

▪ Remove light, unstable or low pieces of furniture.	▪ Keep furnishings in consistent places.
▪ Use simple furniture arrangement.	

Outdoors:

▪ Keep pathways and the driveway level, in good repair, free of clutter and clear of ice and snow.	▪ Paint outside stairs with a mixture of paint and sand.
▪ Paint step edges a contrasting colour.	

Enhance Accessibility

- Keep important items in consistent, visible, easy-to-reach places.
- Use a firm mattress.
- Lower bed height.
- Use adaptive equipment.

Suggestions:

▪ Keep glasses and keys in consistent places.	▪ Label cupboards with the name of the contents.
▪ Install railings on the stairs and in hallways.	▪ Keep mobility aids close by.
▪ Place frequently used kitchen items within easy reach.	▪ Relocate the bedroom to the main floor near a bathroom.
▪ Have important items by the bedside.	▪ Have an emergency plan.
▪ Place emergency numbers by the phone.	▪ Keep a cell phone handy at all times.
▪ Consider purchasing a fall alert device e.g., Lifeline.	▪ Register with MedicAlert® Safely Home®.

Increase Bathroom Safety

Suggestions:

▪ Use a non-slip bath mat.	▪ Utilize a hand-held shower.
▪ Use a bath chair or bath bench.	▪ Install a raised toilet seat.
▪ Secure appropriately-placed grab bars by the tub and toilet.	▪ Lower water heater temperature to 48 degrees Celsius or less.
▪ Place night lights in the bathroom and the hallway to the bathroom.	▪ Have an accessible emergency system close by e.g. Lifeline, pull cord.
▪ Light the area adequately.	

Ensure Safe Footwear

Suggestions:

▪ Check fit regularly.	▪ Buy shoes with Velcro® closures.
▪ Check soles for wear.	▪ Avoid walking indoors in socks or slippers.
▪ Avoid extra-thick soles.	▪ Purchase shoes with a good tread.
▪ Ensure outdoor footwear is appropriate for the weather.	

Reduce Noise Level

Suggestions:

▪ Reduce busyness in the living space.	▪ Avoid sudden, loud noises.
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References

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Reducing Risk of Falls for People With Dementia: A Checklist

Consider the risk factors that may lead to falls and take action to increase safety.

Things to Consider	Yes	No	Action Plan
Have reversible medical causes been investigated?			
Have medications and how they are taken been reviewed?			
Has mobility been assessed?			
Is an adaptive mobility aid needed?			
Is current adaptive equipment for mobility being used?			
Has footwear been assessed and is it in good repair?			
Is the person restless?			
Is the person fatigued?			
Is the person in pain and unable to communicate their discomfort?			
Are there other unmet needs e.g., need to use bathroom, boredom, loneliness, hunger?			
Has vision been checked recently?			
Is the person wearing their glasses?			
Has hearing been checked recently?			
Are instructions given in an easy to understand way?			
Is bathroom safety equipment installed?			
Is indoor and outdoor lighting adequate?			
Are contrasting colours used to differentiate objects in their environment?			
Are patterns kept simple and black surfaces avoided?			
Are indoor and outdoor pathways free of clutter?			
Are walking surfaces level, dry and non-slip?			
Are important items kept in places that are consistent, visible and easy to reach?			
Is the living space too busy or too loud?			
Do you have a plan in case of emergency?			