OBJECTIVES

- Falls are a major cause for morbidity in older people, and a matter of concern in hospitals and long term care setting. Drugs may contribute to increase the risk of falling in these patients.
- The aim is to identify drug-related risk factors associated with falls during hospital stay in older adults admitted in a medium-stay hospital with an electronic error and adverse event reporting system.

METHODS

- Retrospective observational study of all patients admitted to our hospital during November 2015
- Demographics and data of medication collected from electronic medical records
- Falls registered with an electronic incidence reporting system
- Errors and adverse events related to care reported by all health professionals of the hospital, and analysed by the pharmacists

We assessed the incidence of falls in different groups regarding drug-related variables:
- Polypharmacy (≥5 chronic medications) & hyperpolypharmacy (≥10)
- Anticholinergic burden measured with the Anticholinergic Risk Score (ARS)
- STOPP criteria Section K (Drugs that predictably increase the risk of falls): benzodiazepines and neuroleptics.

RESULTS

- 96 Patients
  - Mean age: 82.3 ±7.6 years
  - 68.8% women
  - Mean length hospital stay: 25.9±11 days
- 15 falls:
  - 5/33 Convalescence (15.2%)
  - 6/48 Rehabilitation (12.5%)
  - 4/15 Psychogeriatry (26.7%)

CONCLUSIONS

- Polypharmacy, anticholinergic burden and STOPP criteria may be associated with a higher incidence of falls in older people admitted to medium-stay hospital. It is important to address the risk of falling in these patients according to their medications, and electronic incidence reporting tools can allow to asses that risk and initiate interventions.