

Many Meds Taken by Seniors Can Raise Risk of Falls

By Madeline Kennedy

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NEW YORK (Reuters Health) - Half of the 20 most commonly prescribed medications taken by older adults may raise the risk of falls, according to new research.

Painkillers and antidepressants were most strongly tied to a greater likelihood of being injured in a fall, the study of 64,000 Swedes over age 65 found. Severe injuries were significantly more common with 11 out of the 20 medications studied.

"Medications that affect the central nervous system; hypnotics, sedatives, analgesics and antidepressants," were of particular concern, said Jette Moller from the Karolinska Institute in Stockholm, the study's senior author.

Some of the added risk may stem from the conditions the drugs are prescribed to treat, researchers note. But given the large and growing population of seniors, the study team says links between the drugs and fall injuries should be taken into account when prescribing these popular medications.

Moller and her colleagues looked at falls among people taking any of the 20 medications most commonly prescribed to seniors in Sweden, several of which were already known to be fall-inducing. The researchers analyzed data on nearly seven million Swedish people over age 65 and identified 64,399 cases of falling injuries that led to hospitalization.

After adjusting for the number of medications a person was taking, the researchers found men and women taking opioid painkillers as well as men taking antidepressants were more than twice as likely to have a fall injury as seniors who were not taking those drugs. Women taking antidepressants were 75% more likely to have a fall injury.

Drugs for ulcers and GERD, calcium, vitamin B12 and some non-opioid painkillers were also linked to a 15% to 75% greater risk of fall injuries.

Estrogens and certain heart medications were not linked to fall injuries. "None of the medications affecting the cardiovascular system have such an effect," Möller noted. In fact, these medications showed a slightly protective effect. The only exception was diuretics given in high doses.

The study cannot prove that medications caused falls in all cases, and for drugs that have not previously been linked to fall injuries - including anticoagulants, drugs for peptic ulcers and vitamin B12 - the researchers think the underlying conditions the drugs are prescribed to treat may be to blame.

Differentiating between falls caused by disorders and those caused by medications may be difficult, according to Dr. Johan Fastbom, a professor at the Aging Research Center at the Karolinska Institute who was not involved in the study.

He recommends "paying attention to other symptoms caused by the drugs." Among these, he listed vertigo, dizziness, drowsiness, psychomotor impairment, muscular weakness and cognitive impairment.

Fastbom told Reuters Health in an email that if elderly people taking these medications "experience any or several (more problematic) of these symptoms, they should consider if the risk may be greater than the benefit."

Further studies will likely take into consideration the different dosage levels of the medications, as these were found to vary considerably and differed between men and women.

In the future, researchers will also likely consider the potential interactions between medications, including those taken over the counter, which may also cause the elderly to fall more frequently.

Although many medications may greatly improve the quality of life of elderly people, Moller thinks the risk of falling and being seriously injured must be taken into account.

"Patients should be able to make informed decisions about the medication they take. Fall injuries are a serious threat to the health and well-being of older people in their own right and this needs to be acknowledged," she told Reuters Health in an email.

The study appeared online July 31 in the European Journal of Public Health.

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