

U.S. Preventive Services Task Force Issues Final Recommendation Statements on Prevention of Falls and Fractures

Task Force found that exercise interventions can help prevent falls; risk assessments and tailored interventions may be beneficial for some older adults
Task Force found insufficient evidence to recommend for or against vitamin D and calcium supplementation to prevent fractures in most adults

WASHINGTON, D.C. – April 17, 2018 – Falls and fractures in older adults can lead to long-term disability and reduced quality of life. The U.S. Preventive Services Task Force (Task Force) today posted two final recommendation statements and evidence summaries on the prevention of falls and prevention of fractures in older adults.

Interventions to Prevent Falls

The Task Force reviewed the evidence for prevention of falls. Based on its review of the evidence, the Task Force has issued a final recommendation statement. For adults 65 and older who live at home and are at increased risk of falls:

- The Task Force recommends exercise or physical therapy. **This is a B recommendation.**
- The Task Force recommends that based on an individual's circumstances, clinicians selectively check older adults' risks for falls and then offer tailored interventions that address those specific risks. **This is a C recommendation.**

For adults 65 and older who live at home, the Task Force recommends against vitamin D supplementation to prevent falls. **This is a D recommendation.**

An estimated one third of adults 65 and older fall at least once a year. Falls can cause moderate to severe injuries, including fractures, decreased mobility and independence, and even death. Risk factors for falls include older age, a history of falling, muscle weakness, problems with walking, and problems with balance.

Exercise can help prevent falls among adults who are at increased risk. Exercise and physical therapy that improves balance, stability, and the ability to perform common tasks have been most commonly studied. In addition, multifactorial interventions—a way for clinicians to assess and address risks of falling that are tailored to an individual person—can benefit some people. Interventions could include exercise, nutrition therapy, medication management, and social or community services, among others.

“Falling is the most common cause of unintentional injury for older adults. The Task Force found that clinicians can help many older adults prevent falls by recommending exercise or physical therapy,” says Task Force vice chair Alex Krist, M.D., M.P.H.

This final recommendation statement updates the 2012 final recommendation statement. The recommendations for exercise and multifactorial interventions are consistent with the previous final

Grades in these recommendations:

- B:** Recommended.
- C:** The recommendation depends on the patient's situation.
- D:** Not recommended.
- I:** The balance of benefits and harms cannot be determined.

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recommendations. Based on the current evidence, the Task Force now recommends against taking vitamin D to prevent falls.

Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures

Separately, the Task Force reviewed the evidence on supplementation for the primary prevention of fractures in adults who live at home and have no history of fractures related to osteoporosis (weak bones). Based on this review:

- The Task Force found that lower doses of vitamin D and calcium do not prevent fractures and recommends against daily supplementation at lower doses (400 IU or less of vitamin D and 1,000 mg or less of calcium) in women who have gone through menopause. **This is a D recommendation.**
- The Task Force found that the evidence is unclear about whether higher doses may help prevent fractures and there is not enough evidence to recommend for or against supplementation with higher doses of vitamin D and calcium (greater than 400 IU of vitamin D and greater than 1,000 mg of calcium) in women who have gone through menopause. **This is an I statement.**
- The Task Force also found that there is not enough evidence to recommend for or against vitamin D and calcium supplementation, alone or combined, to prevent fractures in men or in women who have not gone through menopause. **This is an I statement.**

Bone fractures can cause serious disability and death in older adults. Women who have gone through menopause are at increased risk of fractures. Other factors that increase risk for both men and women include having low bone mass, older age, smoking, and an increased risk of falls.

“We found that taking low doses of vitamin D and calcium does not prevent women who have gone through menopause from getting fractures,” says Task Force member Carol Mangione, M.D., M.S.P.H. “We need more research to understand if taking higher doses of vitamin D or calcium helps to prevent fractures in women who have gone through menopause—or at any dose for men or younger women.”

This final recommendation statement is consistent with the 2013 final recommendation.

These two recommendation statements have been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site. Draft versions of the recommendation statements were available for public comment from September 26 to October 23, 2017.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is co-director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the Center for Clinical and Translational Research.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research and the Barbara A. Levey, MD, and Gerald S. Levey, MD, endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). She is also professor of public health at the UCLA Fielding School of Public Health and the director of the UCLA/Drew Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly.

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