

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on ways to prevent falls in older adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from September 26 to October 23. The Task Force welcomes your comments.

Prevention of Falls in Older Adults

The Task Force has issued a **draft recommendation** statement on *Interventions to Prevent Falls in Older Adults*. For older adults who live at home and are at increased risk of falls, the Task Force recommends

exercise to prevent falls and, for some adults, multifactorial interventions (see below for more). The Task Force recommends against taking vitamin D supplements to prevent falls for adults 65 and older who live at home.

What is a multifactorial intervention for falls?

A way for clinicians to assess and address risks of falling that are tailored to an individual person.

First, a clinician assesses an individual's risk factors for falling (such as history of falling; issues with balance or vision; blood pressure when standing; current medications; and home environment).

Then, based on this assessment, a clinician develops a personalized plan to address the risks (such as group or individual exercise, nutrition therapy, and/or medication management).

Facts about Falls and Older Adults

Falls are the leading cause of injury in adults aged 65 years or older and can lead to serious disability and even death. About one in three adults who are 65 or older and live at home fall at least once per year. The older a person becomes, the greater the risk of falling becomes.

Preventing falls is important to maintaining the physical well-being of older adults, especially those who have previously fallen and may fear falling again.

Potential Benefits and Harms of Interventions to Prevent Falls in Older Adults

The Task Force looked at the current evidence on ways to help prevent falls in older adults. They found that exercise can help decrease the number of people who fall, the number of falls that people experience, as well as the number of injuries that result from falls. The Task Force also found that the harms of exercise are small and include pain and bruising.

The Task Force found that there is some benefit to clinicians providing multifactorial interventions. An individual's personal circumstances are important in determining who will benefit from these interventions. While evidence shows multifactorial interventions decrease the number of falls that people experience, they do not decrease the number of injuries that result from falls or the number of people who fall. Harms are small and related to exercise interventions.

The Task Force found that vitamin D does not decrease the number of people falling, the number of falls that people experience, or the number of injuries that result from falls. Harms from vitamin D may include an increased risk of kidney stones when taken with calcium, and an increase in the number of falls that occur when taking vitamin D at higher doses.

The Draft Recommendations on Prevention of Falls in Older Adults: What Do They Mean?

Here are the Task Force's draft recommendations on prevention of falls in older adults. They are based on the quality and strength of the evidence about the potential benefits and harms of assessment and intervention for this purpose. They also are based on the size of the potential benefits and harms. The Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **(Grade B)**, it recommends an intervention because it has more potential benefits than harms. When the Task Force recommends the use of an assessment or intervention only in some cases **(Grade C)**, it is because the benefit is small and applies to only some individuals. When the Task Force recommends against the use of an intervention **(Grade D)**, it is because there is no overall benefit or there are more potential harms than potential benefits.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

Notes

- 1** The Task Force recommends exercise to prevent falls in [community-dwelling](#) adults aged 65 years or older who are at increased risk for falls. **(Grade B)**
 - 2** The Task Force recommends that clinicians selectively offer [multifactorial interventions](#) to prevent falls to community-dwelling adults aged 65 years or older who are at increased risk for falls. **(Grade C)**
 - 3** The Task Force recommends against vitamin D [supplementation](#) to prevent falls in community-dwelling adults aged 65 years or older. **(Grade D)**
- 1** [community-dwelling](#)
Adults who live at home and not in a nursing home.
 - 2** [multifactorial interventions](#)
A way for clinicians to assess and address risks of falling that are tailored to an individual person.
 - 3** [supplementation](#)
Supplements are vitamins or minerals added to the diet to improve health. They can be taken in pill, capsule, tablet, or liquid form.

What is the U.S. Preventive Services Task Force?





The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed. .

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More about Falls in Older Adults

-  **Prevent Falls and Fractures**
(National Institute on Aging)
-  **Older Adult Falls**
(Centers for Disease Control and Prevention)
-  **Falls**
(Medline Plus)
-  **What is Vitamin D and What Does It Do?**
(National Institutes of Health, Office of Dietary Supplements)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between September 26 and October 23, 2017.



All comments will be considered for use in writing final recommendations.