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How we can prevent and manage falls in older people?

A briefing for commissioners and policy makers

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How we can prevent and manage falls in older people?

Exercise-based falls prevention is important for maintaining the independence and wellbeing of older people and reducing demand in our health and social care system.

Context

Falls are a very serious and common problem. Around a third of people aged 65 and over fall at least once per year, increasing to half of those aged 80 and over[1]. Falls are strongly associated with subsequent deterioration of health, disability, institutionalisation and even death. Fracturing the hip is one of the most serious consequences of falling in older age. There were nearly 61,000 hip fractures in people aged 65 and over in England during 2023/24[2].

Being concerned about falling can be as debilitating as having a fall. It can lead to people becoming afraid to leave their home, which in turn increases social isolation and has a detrimental effect on quality of life[3]. Concern about falling (often referred to as fear of falling) predicts future falls[4].

Non-injurious falls can also cause harm. Up to 65% of older patients attended to by the ambulance service following a fall are not taken into hospital[5], but are often unable to rise from the floor. The subsequent 'long lies' can lead to increased concern about falling and increases in the receipt of care[6]. Spending more than one hour on the floor is associated with serious complications, including pressure sores, dehydration, hypothermia, and pneumonia[7].

Falls place a significant burden on the health and social care system. Falls are the number one reason for older people being conveyed to emergency departments; 5% of people who fall experience a fracture and are then hospitalised[8], hip fractures being a serious reason for hospital admission. Falls account for over 4 million hospital bed days yearly in England[9].

The total annual cost of fragility fractures to the UK has been estimated at £4.4 billion; hip fractures account for around £2 billion of this sum[10]. Research indicates that in the year following a hip fracture people typically spend 32 days in hospital, resulting in an average cost of £14,642 per patient, rising to £23,188 in some instances[11]. Research also shows that 7% of people with a hip fracture will die within 30 days of falling[12], rising to 31% at 12 month[13].

Evidence-based strength and balance programmes can prevent falls. The Falls Management Exercise (FaME) programme is a six-month personalised programme that is delivered in community venues by highly skilled Postural Stability Instructors who can offer a range of information and expert advice. Clinical trials have shown FaME to be **effective at reducing falls**, concerns about falling, improving quality of life and increasing habitual activity levels[14, 15]. Unlike many other fall-prevention programmes, FaME also helps people regain the skill of getting up from the floor, further reducing their concerns about falling. The exercises also improve have general health and well-being.

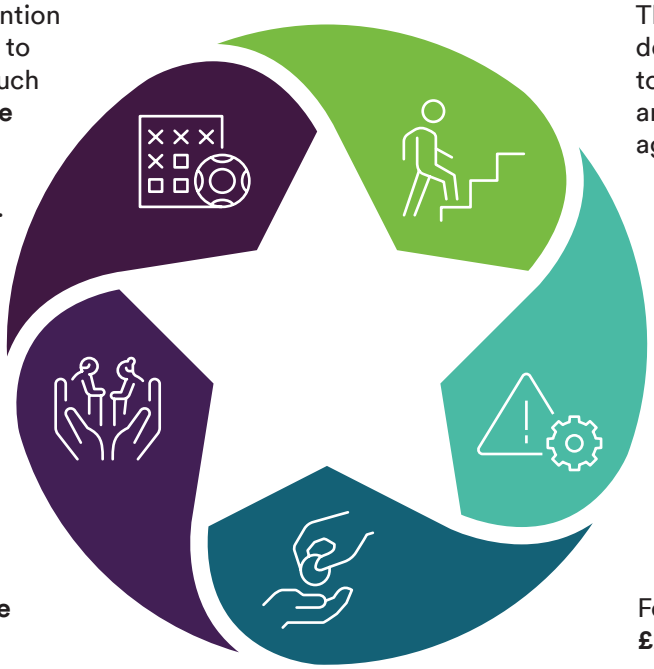
Our research

Our research has shown that FaME is feasible to implement, continues to be effective over time and is enjoyed by people who take part[16, 17, 18, 19]. FaME should be part of a comprehensive fall prevention pathway, including signposting to lifelong physical activity. We have developed a guide to implementing FaME that is freely **available to download**[20].

Key messages

There is a growing, ageing population in need of fall prevention interventions. However, access to evidence-based programmes such as FaME is **variable (a postcode lottery)**[23]. Decision-makers can address this by commissioning effective exercise programmes. The freely-available **FaME implementation toolkit** can help.

Research shows that 20-30% of falls among older people could be prevented by participation in evidence-based strength and balance exercise programmes such as the **Falls Management Exercise Programme** (FaME)[21].



The levels of concern, injury and death amongst older people due to falls are **unacceptable**. Falls are not an inevitable part of ageing and can be **prevented**.

Declining muscle strength and balance are the two most common **modifiable** risk factors for falling.

For every **£1.00 spent on FaME £2.28 is returned** to society[22].

Recommendations for policy and practice

Prioritise community-based falls prevention exercise: evidence-based exercise programmes such as FaME should be made available to all older people who are at risk of falling in the community, even if that risk is low. FaME reduces falls, improves physical function and increases habitual physical activity, as well as regaining the skills to get up from the floor after a fall.

Stick to the evidence: 30 years of research has resulted in a very good understanding of exactly what kind of exercise and how much is needed to prevent falls. This knowledge has been used to develop and test the FaME programme. However, our research also shows that FaME is often modified locally due to, for example, financial pressures. It is sometimes shortened or elements of it removed to save money[24]. Changing FaME in this way may reduce its effectiveness.

Integrate FaME into local falls prevention pathways: ensure FaME is part of an integrated approach to falls prevention locally, with agreed routes across and between services, sectors, teams and professionals, including primary care, acute falls prevention services, fracture clinics, community health services, public health, leisure services and the voluntary sector.

Encourage maintenance of physical activity: exercises help people to keep doing the things they enjoy for longer. There is a need to ensure a smooth transition from programmes such as FaME to further exercise opportunities.

Our partners

Later Life Training and the National FaME Implementation Team (laterlifetraining.co.uk/n-fit-national-fame-implementation-team)

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