FALLS AND FRACTURE TEAM'S TOP TIPS FOR GPs

Patients < 75	**If patient is < 75 and at risk of fracture consider using the fracture risk assessment (FRAX) and refer for DEXA and treat as appropriate www.shef.ac.uk/FRAX**
Patients >75	**Patients > 75 carry out a FRAX and treat appropriately (no DEXA scan required) Patients > 75 and contributory medical factors and patient at risk of falls, consider doing FRAX and refer to FALLS AND FRACTURE team as directed.**
Previous falls	Ask patients if they have had a fall or slip or trip in the last 12 months and the circumstances surrounding this. If they have had a fall, then they are at higher risk of another fall.
Medication	Is the patient on four or more medications? If they are and they have not had a recent review, please carry out a medication review (see below for specific medication leading to falls). If possible, avoid drugs that have known delirious effects in older people, such as benzodiazepines, and recommend dosage reduction when appropriate. If the patient is already on medication for osteoporosis offer review of kidney function, medication and medication compliance regularly.
Otago programme	Did the patient look unsteady? Do they struggle to get up and out of a chair without using their arms? Fear of falling? If they meet rehabilitation criteria please refer appropriately. If they are not eligible for rehabilitation but would benefit from intervention (or have been through rehabilitation but you feel they would still benefit from some strength and balance exercises). Please contact (or ask the patient to contact) RMBC Sports development on 01709 822453 to identify the appropriate COMMUNITY OTAGO PROGRAMME (evidence based strength and balance) for them to attend. The patient **must** have stable medical conditions. This programme can be run within your practice/practice catchment area on request
Blood Pressure	Ask if the patient feels dizzy on standing from sitting/lying position (check BP for 20mmhg drop between lying and standing.
Other factors	Incontinence (particularly related to medication/alcohol at night) Parkinson's or Stroke (particularly related to gait/strength and balance) Fear of falling (linked to falling even if no other risk factor) Evidence of confusion/diagnosis of dementia Visual problems Inappropriate footwear Painful feet Alcohol

It must be emphasised that all of the above are **Guidelines** and **Do Not** replace the practitioner's clinical judgment. Where there is a doubt a referral should be made to the **Falls and Fracture Team** or the patient should be discussed with the Falls and Fracture team on: 01709 423042
NICE Guidance include: CG21, TA161, TA160, TA194. http://guidance.nice.org.uk/

Lead	Helen Hawley-Hague
GP Lead:	Ian Turner
Date Approved:	February 2013
Review Date:	February 2014

Drugs Which May Increase the Risk of Falls

Class	Drugs	Adverse Effects	Suggested Action
Antidepressants	Tri-Cyclic Antidepressants (TCA) Amitriptyline, Dosulepin (Dothiepin), Imipramine, Lofepramine. SSRIs – Citalopram, Fluoxetine. Others - Trazadone, Mirtazepine, Venlafaxine.	Drowsiness, blurred vision, dizziness, postural hypotension, constipation, retention of urine.	• Review indication. Check with GP. • Stop if possible. May need to withdraw slowly. • Consider changing a tri-cyclic (TCA) to a Serotonin Specific Reuptake Inhibitor (SSRI) (e.g. Citalopram). • Consider specialist referral if further advice needed.
Antipsychotics	Chlorpromazine, haloperidol, lithium, promazine, trifluoperazine, quetiapine, olanzapine, risperidone.	Postural hypotension, confusion, drowsiness, Parkinsonian symptoms.	• Review indication for use. • In long term use do not stop without specialist opinion. • Avoid in management of delirium
Antiemetics	Prochlorperazine, Cyclizine, Metoclopramide	Postural hypotension, confusion, drowsiness, Parkinsonian symptoms.	• Review indication for use (often given for "dizziness") • Domperidone is a suitable alternative
Sedatives and hypnotics	Temazepam, Diazepam, Lorazepam, Nitrazepam, Zopiclone, Chlordiazepoxide, Chloral Betaine, Clomethiazole.	Drowsiness which can last into the next day, lightheadedness, confusion, loss of memory.	• Stop if possible. Check with GP • Long term use will need slow withdrawal • No new initiation on Transfer of Care.
Drugs for Parkinson's Disease	Co-beneldopa, Co-careldopa, Rotigotine, Ropinirole, Pramipexole, amantadine, entacapone, selegiline, rivastigmine.	Sudden daytime sleepiness, dizziness, insomnia, confusion, low blood pressure, blurred vision.	• May not be possible to change. • Do not change without specialist opinion. • Check for postural hypotension
Drugs with anti-cholinergic side effects	(Benzhexol), prochlorperazine, oxybutynin, tolterodine.	Dizziness, blurred vision, retention of urine, confusion, drowsiness, hallucinations.	• Review indication. • Reduce dose or stop if possible.
Cardiovascular drugs	ACE inhibitors / Angiotensin-II antagonists: Ramipril, Lisinopril, Captopril, Irbesartan, Candesartan. Vasodilators: Hydralazine Diuretics: Bendroflumethiazide, Bumetanide, Indapamide, Furosemide, Amiloride, Spironolactone, Metolazone. Beta-blockers: Atenolol, Bisoprolol, Carvedilol, Propranolol, Sotalol. Alpha-blockers: Doxazosin, Alfuzosin, Terazosin, (tamsulosin).	Low blood pressure, postural hypotension, dizziness, tiredness, sleepiness, confusion.	• Check lying and standing BP. • Review indication (alpha-blockers also used for benign prostatic hyperplasia). • Review dose. • May not be possible to stop. Check with GP • Consider alternative to alpha-blocker.
Analgesics	Opioids: Codeine, tramadol, Nefopam, Dihydrocodeine, Buprenorphine, Alfentanyl Opiates: Morphine, Oxycodone.	Drowsiness, confusion, hallucinations, postural hypotension.	• Review dose. • Use analgesic pain ladder to avoid excess use. • In older people start low and go slow.
Anticonvulsants	Carbamazepine*, sodium valproate*, gabapentin, lamotrigine, clonazepam, phenytoin*, phenobarbitone*, primidone*.	Drowsiness, dizziness, blurred vision.	• Consider indication (some are also used for pain control or mood stabilisation). • May need specialist review in problem cases. • *Consider Vitamin D supplements for at risk patients on long-term treatment with these drugs.