

GP Fact Sheet: Medications



Older people tend to be more sensitive to the effects of medications. Use of multiple medications is common in older adults and can increase the risk of undesirable outcomes through drug-drug and drug-disease interactions. Although many medication classes have been linked to falls, the evidence is strongest for psychotropic medications and other medications with effects on the central nervous system and cardiovascular system.

Evidence

- Withdrawal of psychotropic medication by GPs: ↓ falls up to **66%** (Campbell et. al. 1999).
- GP-led medication review: ↓ falls up to **39%** (Pit et. al. 2007).
- Withdrawal of medications associated with fall risk: ↓ falls up to **52%** (Velde et. al. 2006).
- A risk factor study showed an increase risk of fall-related hospitalisation by **1.5-fold** in those taking at least one anticholinergic or sedative medications (Nishtala et. al. 2014).
- Research has shown that Vitamin D does not reduce rate of falls or risk of falling in most community-dwelling older people, but supplementation may be beneficial when administered to people with lower vitamin D levels (serum 25(OH)D <75 nmol/L), who are living with frailty, home-bound or based in residential aged care (Gillespie et. al. 2012).

Key points

- Use non-pharmacological treatments first. If a medication is required, start with a low dose and increase slowly to the minimum effective dose.
- Monitor and advise (patient and carers) on the effects of medications that may cause falls and how to manage. If the effect(s) occur, ask the patient to inform their GP or pharmacist.
- Regularly review treatment. Reduce dose, reduce number of medications (including non-prescription), and cease those no longer indicated or where the potential harms outweigh the potential benefits.
- Check that patient is taking the medications as intended, as non-adherence and incorrect use of medications can contribute to unwanted effects.
- Consider current medications as the cause of new symptoms before looking elsewhere. This would avoid prescribing cascade i.e. when a medication is added to combat the unwanted effects of another.
- Consider additive effect of multiple drugs with anticholinergic and/or sedative effects when starting new medications and reviewing medications.
- Monitor the bleeding risk (e.g. with anticoagulants) in patients at risk of falling.

Referral for medication review

- Consider discussion or liaison with your local pharmacist, who can advise the patient on correct use of medications and management strategies for side effects of medications.
- Australian Association of Consultant Pharmacy: [Find an accredited pharmacist](#). A Home Medicines Review pharmacist can provide comprehensive medication review at your patient's home and recommend changes to medication(s) contributing to falls.
- Consider consulting a geriatrician when managing an older patient with complex care needs.

Patient resources

- Patient education leaflet: [Falls Prevention and Medications](#) (click [here](#) for other patient flyers on the NSW Clinical Excellence Commission website).
- Patient medicines list: [NPS Medicines List](#).
- Other patient information on [NPS MedicineWise](#) (www.nps.org.au): [managing your medicines](#), [how to sleep right](#).

References:

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