Falls are a major health problem among the elderly. Thirty percent of persons over the age of 65 who live in the community fall each year. The rate increases to 40 percent among those over the age of 80. In nursing home patients the incidence can approach 50% (1). Several risk factors for falls in older people have been identified. The use of sedatives, in particular, was strongly associated with falling independently of other risk factors (2). Meta-analysis to evaluate critically the evidence linking drugs with falls in older people showed a small, but consistent, association between the use of most classes of psychotropic drugs and falls. Digoxin, type IV antiarrhythmic, and diuretic use were associated weakly with falls in older adults but no other classes of cardiac or analgesic drugs (1). Other studies (in nursing homes and hospitals, respectively) have suggested that even after adjusting for other risk factors, intake of antidepressants seemed to be at a higher risk of falling in older adults than taking none, no matter which class of antidepressants (TCAs or SSRIs) has been exposed to (3,4). A recent prospective study to evaluate drug prescriptions with falling in community-dwelling frail elderly people revealed exposure to five or more different medications or to tranquilizers/hypnotics as independent risk factors for multiple falls (5). Although most studies demonstrate obvious evidence linking drugs with falls there are practically no randomized controlled trials for identifying the risk of falls associated with drug use as one of many drug-related adverse outcomes. Furthermore, the evidence to date is mostly based on observational data with minimal adjustment for confounders, dosage, or duration of therapy. Future trials should measure falls prospectively as an adverse outcome event.

1) Leipzig et al., Drugs and falls in older people: A systematic review and meta-analysis: I. Psychotropic drugs, II. Cardiac and analgesic drugs, JAGS, 47: 30-39, 40-50 1999
4) Liu et al., Use of SSRIs or TCAs and risk of hip fractures, Lancet, 351: 1303-1307, 1999