

U.S. Preventive Services Task Force Issues Draft Recommendation Statements on Prevention of Falls and Fractures

Task Force found that exercise can help prevent falls; risk assessments and tailored interventions may be beneficial to some older adults

Task Force found insufficient evidence to recommend for or against vitamin D and calcium supplementation to prevent fractures in most adults

WASHINGTON, D.C. – September 26, 2017 – Falls and fractures in older adults can lead to long-term disability and reduced quality of life. The U.S. Preventive Services Task Force (Task Force) today posted two draft recommendation statements and draft evidence reviews on the prevention of falls and prevention of fractures in older adults.

Interventions to Prevent Falls

The Task Force reviewed the evidence for prevention of falls. Based on its review of the evidence, the Task Force has issued a draft recommendation statement. For adults 65 and older who live at home and are at increased risk of falls:

- The Task Force recommends exercise. **This is a B recommendation.**
- The Task Force recommends that based on an individual's circumstances, clinicians selectively check older adults' risks for falls and then offer tailored interventions that address those specific risks. **This is a C recommendation.**

For adults 65 and older who live at home, the Task Force recommends against vitamin D supplementation to prevent falls. **This is a D recommendation.**

An estimated one third of adults 65 and older fall at least once a year. Falls can cause moderate to severe injuries, including fractures, decreased mobility and independence, and even death. Risk factors for falls include older age, a history of falling, muscle weakness, problems with walking, and problems with balance.

Exercise can help prevent falls among adults who are at increased risk. Exercises that improve balance, stability, and ability to perform common tasks have been most commonly studied. In addition, multifactorial interventions—a way for clinicians to assess and address risks of falling that are tailored to an individual person—can benefit some people. Interventions could include exercise, nutrition therapy, medication management, and social or community services, among others.

“Falls can cause significant injuries in older adults, so preventing falls is important to maintaining their physical well-being. We found that exercise can help prevent falls,” says Task Force member Alex Krist, M.D., M.P.H.

Grades in these recommendations:

B: Recommended

C: The recommendation depends on the patient's situation.

D: Not recommended.

I: The balance of benefits and harms cannot be determined

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This draft recommendation statement updates the 2012 final recommendation statement. The recommendations for exercise and multifactorial interventions are consistent with the previous final recommendations. Based on the current evidence, the Task Force now recommends against taking vitamin D to prevent falls.

Vitamin D, Calcium, or Combined Supplementation to Prevent Fractures

Separately, the Task Force reviewed the evidence on supplementation for the primary prevention of fractures in community-dwelling adults who have no history of fractures related to osteoporosis (weak bones). Based on this review:

- The Task Force found that there is not enough evidence about the benefits and harms of vitamin D and calcium supplementation, alone or combined, to prevent fractures in men or women who have not gone through menopause. **This is an I statement.**
- The Task Force found that there is not enough evidence to recommend for or against supplementation with higher doses of vitamin D and calcium (greater than 400 IU of vitamin D and greater than 1,000 mg of calcium) in women who have gone through menopause. **This is an I statement.**
- The Task Force recommends against daily supplementation at lower doses (400 IU or less of vitamin D and 1,000 mg or less of calcium) in women who have gone through menopause. **This is a D recommendation.**

Bone fractures can cause serious disability and death in older adults. Women who have gone through menopause are at increased risk of fractures. Other factors that increase risk for both men and women include having low bone mass, older age, smoking, and an increased risk of falls.

“We need more research to understand whether taking higher doses of vitamin D or calcium helps to prevent fractures in women who have gone through menopause—or at any dose for men or younger women,” says Task Force member Carol Mangione, M.D., M.S.P.H. “We do know that lower doses of these supplements do not prevent fractures in women who have gone through menopause.”

This draft recommendation statement is consistent with the 2013 final recommendation.

The Task Force’s two draft recommendation statements have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted for both draft recommendations from September 26 to October 23, 2017.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is co-director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the Center for Clinical and Translational Research.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research and the Barbara A. Levey, MD, and Gerald S. Levey, MD, endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). She is also professor of public health at the UCLA Fielding School of Public Health and the director of the UCLA/Drew Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly.