

Task Force Issues Draft Recommendation Statement on Interventions to Prevent Falls in Older Adults

Exercise can reduce the likelihood of falls in adults 65 and older; additional interventions might be helpful for some older adults

WASHINGTON, D.C. – December 5, 2023 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on interventions to prevent falls in community-dwelling older adults. The Task Force recommends exercise interventions to prevent falls in adults 65 years or older who are at increased risk for falls. **This is a B grade.** Healthcare professionals should also talk with their older patients about whether additional interventions might be helpful to reduce their risk of falling. **This is a C grade.**

This recommendation applies to adults 65 and older who live at home and not in a nursing home or other institutional care setting. This recommendation does not apply to people who have certain medical conditions, such as Parkinson’s disease or dementia, who require more specialized care.

Grade(s) in this recommendation:

- B: Recommended.
- C: The recommendation depends on the patient’s situation.

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When determining who is more likely to fall, clinicians should consider age and history of falling as both can increase risk of future falls. Other risk factors include sensory problems, medications that may increase fall risk, hazards at home or work, certain physical aspects of a person’s home or neighborhood, and alcohol or drug use.

“Falls are the leading cause of injuries in older adults and can even lead to death,” says Task Force member Li Li, M.D., Ph.D., M.P.H. “The good news is that exercise can reduce the risk of falls in adults 65 and older, resulting in improved physical well-being of older adults.”

The Task Force found that providing multifactorial interventions to reduce the risk of falls may benefit some older adults. Multifactorial interventions are a way to assess and address the risks of falling that are tailored to an individual person. This includes an assessment of an individual’s risk of falling and a personalized plan of interventions, developed to help address the individual’s specific risks. These interventions may include things like cognitive behavioral therapy, nutrition therapy, education, medication management, urinary incontinence management, environmental modification, social or community services, or referral to specialists (such as a neurologist or cardiologist).

“Additional interventions beyond exercise can help some older adults further reduce their risk of falling,” says Task Force member James Stevermer, M.D., M.S.P.H. “Clinicians can talk to patients about their personal circumstances, such as history of past falls and values and preferences, to help determine who may, or may not, benefit.”

Unlike the prior Task Force recommendation on this topic, this draft recommendation does not address whether or not someone should consider taking vitamin D to prevent falls. To help streamline clinical guidance, the Task Force is currently reviewing and evaluating the latest evidence on whether or not taking [vitamin D, calcium, or combined supplementation](#) can help prevent falls and fractures for a separate recommendation.

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at <https://www.uspreventiveservicestaskforce.org>. Comments can be submitted from December 5, 2023, to January 8, 2024, at <https://www.uspreventiveservicestaskforce.org/tfcomment.htm>.

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

Dr. Li is a family physician and the Walter M. Seward professor and the chair of family medicine at the University of Virginia (UVA) School of Medicine. He is also the director of population health at UVA Health and co-leader of the Cancer Prevention and Population Health program at the UVA Comprehensive Cancer Center.

Dr. Stevermer is the vice chair for clinical affairs and Paul Revare, MD, professor of family and community medicine at the University of Missouri (MU). He is the medical director of MU Health Care Family Medicine–Callaway Physicians, where he practices and teaches rural primary care. His scholarly activities focus on dissemination and evidence-based medicine.

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