

## THE COLLEGE OF OPTOMETRISTS

Professional Excellence in Eye Health

# Minimising the risk of falls for your vulnerable patients

FALLS CHECKLIST

This checklist has been developed to help you identify patient who are at risk of falling and to determine whether they need some extra help from a dedicated falls service. You can use it as a prompt during the eye examination. It also includes some helpful advice for your patients and their carers.

### Identifying and supporting at risk patients

#### Patients with an increased risk of falling include:

- those of increasing age
- those who are female
- · those with gait and balance impairment
- those with underlying systemic conditions such as arthritis, postural hypotension, stroke, diabetes and Parkinson's disease
- those taking sedatives
- those taking multiple medications (greater than four, polypharmacy)
- those with a history of falling.

#### **Risk factors**

The following table summarises the most common optometric factors that can increase the likelihood of falling among vulnerable patients.

Risk factor	What can I do about it?
Patient wears bifocals, multifocals and varifocals/progressives.	Advise long term wearers of bifocals or varifocals, who become at greater risk of falling (for some of the factors mentioned overleaf) but remain active, not to wear them when walking about outside. If they have minimal refractive error they could be advised to take glasses off when outdoors. If they have a significant refractive error, they could be advised to obtain an additional distance-only single vision pair for use outdoors. Try to avoid prescribing bifocal, multifocal or varifocal lenses to patients at risk of falling who have never worn them before.
Significant change in refractive prescription.	Partially prescribe large changes in refractive correction. Warn patients of adaptation problems and magnification (myopia and hyperopia) and distortion effects (astigmatism), depending on the refractive change. It is often best to advise patients to use new glasses for the first time at home so that they can get used to them in familiar surroundings.
The patient has low vision, visual field loss or loss of vision in one eye.	Advise the patient on changes that they can make around the home – such as improving lighting, removing rugs and mats and increasing the contrast between dark and light surfaces. You could also suggest changes to their lifestyle – such as wearing non-slip footwear or using a walking stick. They can find more information in our patient leaflet, Ageing Vision and Falls, available to order from the College website – free of charge and overprinted with your practice details.
AMD sufferers are at significantly greater risk of falling due to the loss of central vision.	Explain the additional risk and suggest that your patient gets in touch with the local falls service. Falls teams are now registering their contact details on a central database which you can find at <b>college-optometrists.org/falls</b> .
Patient has signs of having had a fall or mentions that they have fallen.	Review their eye health history with the likelihood of falling firmly in mind. Check if they have been to see a specialist service and, if not, give them details of your local falls team. Falls teams are now registering their contact details on a central database which you can find <b>college-optometrists.org/falls</b> .

For further information on ageing vision and falls, please visit www.college-optometrists.org/falls