



Media release

Call for increased strategies to prevent falls in the elderly – and therefore reduce death rate

Prevention of falls in the elderly is essential if we are to reduce the death rate, a Perth study has found. The study is published in an Early View article in *Emergency Medicine Australasia*, the journal of the Australasian College for Emergency Medicine.

The researchers also found that primary prevention of major trauma, such as that resulting from motor vehicle crashes, represents the biggest opportunity for improvements in trauma survival.

The study, by Professor Daniel Fatovich (Professor of Emergency Medicine at the University of Western Australia), Royal Perth Hospital Trauma Program Manager Maxine Burrell, and Professor Ian Jacobs (Winthrop Professor of Resuscitation and Pre-hospital Care at the University of Western Australia), examined data on people who did not survive major trauma in Western Australia's secondary hospitals over nine years from 1 July 1997 to 30 June 2006.

During that period there were 74 major trauma deaths, ranging in age from three to 95. Thirty-seven (50%) were motor vehicle crashes. Severe head and chest injuries were the most common injuries. Almost half (36, 48.6%) were receiving CPR on arrival to the hospital.

“We found that the proportion of potentially preventable major trauma deaths in Perth secondary hospitals is low – about one per hospital every five years,” Professor Fatovich said. “The most notable group was the elderly after falls, and trauma system efforts should be focused on this group. The fact that almost half the deaths were in cardiac arrest by the time of arrival at the secondary hospital highlights the fact that primary prevention of major trauma represents the biggest opportunity for large improvements in major trauma survival.”

The researchers concluded that the decisions made by ambulance paramedics in the Perth metropolitan area on where to transport their major trauma patients are generally appropriate and that this system is working well.

“Focusing on the elderly – especially after falls – who meet prehospital major trauma criteria, might optimise their outcomes. We need to take into account the effect of age, especially in elderly patients after falls. Even more importantly, falls prevention awareness in the home is the key to reducing significantly the number of falls in the elderly.”

The researchers suggest that trauma systems need to be aware that the elderly after falls might not display the obvious physiological derangement seen after motor vehicle crashes.

This makes them appear to be deceptively uninjured, but they should be considered high risk.

FURTHER INFORMATION:

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