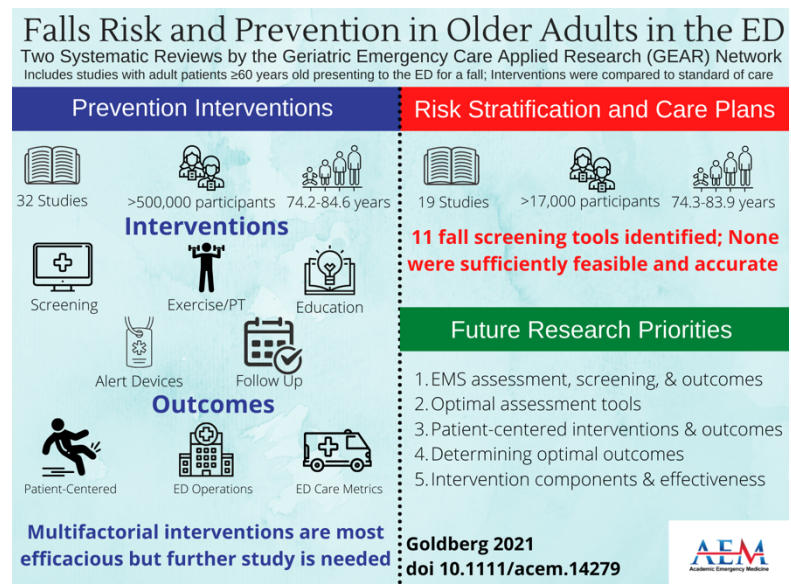


November 2021

Moving the Needle on Fall Prevention

*A Geriatric Emergency Care Applied Research (GEAR) Network
scoping review and consensus statement*

Des Plaines, IL – The need to identify emergency department (ED)-appropriate fall risk assessment tools and role of emergency medical services (EMS) personnel persists. This is the conclusion of a systematic review titled [Moving the Needle on Fall Prevention: A Geriatric Emergency Care Applied Research \(GEAR\) Network scoping review and consensus statement](#), published in the November issue of Academic Emergency Medicine (AEM), a peer-reviewed journal of the Society for Academic Emergency Medicine (SAEM).



CREDIT: Madeline Schwid, MD
Brigham & Women's Hospital/Harvard Medical School

Over 2.8 million older adults (aged 65 years and older) in the United States visit the emergency department annually after a fall. Falls in older adults are associated with high injury severity, reduced mobility, functional decline, and death. Although falls are common and costly, and recent evidence suggest that falls may be preventable in the ED setting, ED-initiated fall screening and prevention efforts are not widespread.

There are gaps in all areas of geriatric emergency medicine literature. In response to this, SAEM formed GEAR, an interdisciplinary group of clinicians, researchers, and patient advocates, to identify and examine clinical questions relevant to five geriatric emergency medicine domains: falls, cognitive impairment, medication safety, elder abuse, and care transitions. Regarding falls, GEAR focuses on five research priorities: (1) EMS role in improving fall-related outcomes, (2) identifying

optimal ED fall assessment tools, (3) clarifying patient-prioritized fall interventions and outcomes, (4) standardizing uniform fall ascertainment and measured outcomes, and (5) exploring ideal intervention components.

The [systematic review](#) found that multifactorial interventions, especially involving exercise, are efficacious in reducing recurrent falls, but more studies are needed to compare appropriate intervention combinations. Unfortunately, most EDs currently lack the time or resources for even one intervention, so untangling the efficacy of individual components is warranted to prioritize resource allocation. While patient or clinician education alone does not reduce falls or fall injuries, the ED presents a unique teaching moment for older adults following a fall-related visit. The prehospital and ED setting present opportunities to identify previously unrecognized older adults at high risk for falls.

The lead author of the study is Nada Hammouda MD, MSCR, of the Division of Outcomes and Health Services Research and PhD Student Applied Clinical Research at the University of Texas Southwestern Medical Center in Dallas, Texas.

Results of the study were discussed in a recent AEM podcast titled [How to Stop Geriatrics from Free Fallin](#).

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ABOUT ACADEMIC EMERGENCY MEDICINE

Academic Emergency Medicine, the monthly journal of Society for Academic Emergency Medicine, features the best in peer-reviewed, cutting-edge original research relevant to the practice and investigation of emergency care. The above study is published open access and can be downloaded by following the [DOI link: 10.1111/acem.14279](https://doi.org/10.1111/acem.14279). Journalists wishing to interview the authors may contact Tami Craig at tcraig@saem.org.

ABOUT THE SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

SAEM is a 501(c)(3) not-for-profit organization dedicated to the improvement of care of the acutely ill and injured patient by leading the advancement of academic emergency medicine through education and research, advocacy, and professional development. To learn more, visit saem.org.