EDITORIAL

Falls prevention—a way forward

Falls prevention by risk factor reduction and the encouragement of activity has been a central tenet of geriatric medicine from Joseph Sheldon's day [1] until the dawn of evidence-based medicine.

Support for the veracity of this cultural belief emerged when the Yale Frailty and Injuries: Cooperative Studies of Intervention Techniques (FICSIT) study [2] showed how specialized care could prevent 40% of falls in older people. Although sceptics could claim that the subjects were an unrepresentative group (recruited from a health maintenance organization) who received a rather expensive intervention ($970 per patient), publications showing similar results from different types of intervention have accumulated since then. Using a risk-factor-based approach to assess and treat frail older people who fall and present to the accident and emergency department can prevent over 50% of falls [3].

Exercise also has a protective effect. Meta-analysis of the interventions in the FICSIT programme have shown a 25% reduction in falls [4]. Tai Chi Quan may also be useful. This outperformed conventional balance training to produce a 47% reduction in falls incidence in a trial comparing the two techniques [5]. Community studies have also shown that falls may be prevented whether the intervention was effected by a trained volunteer administering a questionnaire or by a team attempting hazard reduction [6–8]. This suggests that sensible interventions—particularly those involving exercise and risk factor reduction—have a class effect and seem to bring about improvements.

Although these studies validate long-cherished beliefs, some clinical departments have not lived up to their ideals and fail to practise comprehensive risk factor intervention on inpatients [9, 10]. So the question for clinicians is how to integrate these research findings into practice, bearing in mind the implications of clinical governance and restricted resources.

The work of the Dunedin group published in this issue of *Age and Ageing* [11] serves as a beacon. A randomized controlled trial of a simple physiotherapist-led exercise programme performed on older women living at home and selected from a defined geographical base produced a 50% reduction in falls. Analysed on an intention-to-treat basis, the effect was maintained at least for 2 years.

The rewards for falls intervention are very promising. Professor Campbell’s team have performed an invaluable service by demonstrating an effective and efficient falls prevention scheme that can be directly translated into practice.

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**References**