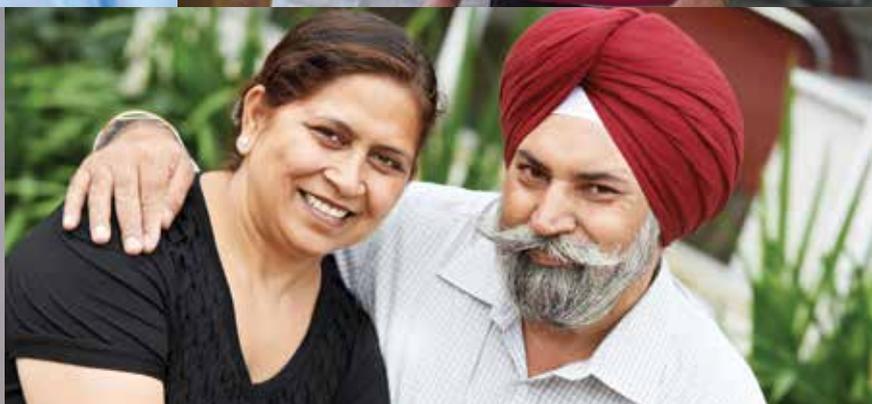


Reducing the risk of falls and injury

Preventing falls keeps you
independent and saves lives



Providing care and services that we and our families would want to use



Care
High quality, safe care
with compassion



Respect
Dignity and respect
to patients and colleagues



Communication
Listening and
communicating clearly



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Introduction

Falling is not an inevitable result of ageing, but the risk of falling does increase as people get older. A fall may be the result of a simple trip. If this is the case, the environment needs to be looked at, to reduce hazards such as wet and slippery floors, loose rugs and poor lighting. Often in the elderly, a fall may be caused by a combination of several things. It is a common problem that can lead to disability, but you can reduce your risk by keeping mobile and carrying out regular, safe activity to remain independent. Exercises to strengthen your muscles and to improve your coordination and balance are one of the most effective ways to reduce the risk of falling. Eating well, keeping fit and looking after your bones are also important.

This booklet focuses on the different factors which influence balance and lead to falls but please speak to a healthcare professional if you are concerned about falling. Always report a fall to your GP, as they may recommend that a healthcare professional carries out a falls risk assessment in your home. The aim of the assessment is to minimise the chance of falling again by investigating all the potential factors putting you at risk, eg your safety in the home.

Causes of falls

Many things can cause falls.

Risks associated with you:

- **Medication** – can cause dizziness, drowsiness, double vision, and confusion, which can all lead to a fall
- **Poor foot health and footwear**
- **Poor eyesight** – not seeing hazards
- **Inactivity/lack of exercise** – causes muscle wasting, so you have less strength to move around, get in/out of a chair, etc.
- **Balance problems, disturbed co-ordination, joint stiffness and limited neck movements** – balance problems can also be caused by ear conditions such as tinnitus, labyrinthitis, or ear infections
- **Diet/hydration** – problems associated with being under and over weight. Dehydration can cause dizziness and confusion
- **Standing up from lying or sitting positions** can cause the blood pressure to drop resulting in dizziness
- **Standing up from lying or sitting positions** can cause loss of balance
- **Hurried or careless movements, distractions**
- **Clothing/shoes** – can be trip hazards
- **Alcohol** – can influence your balance

Reducing the risk of falls and injury

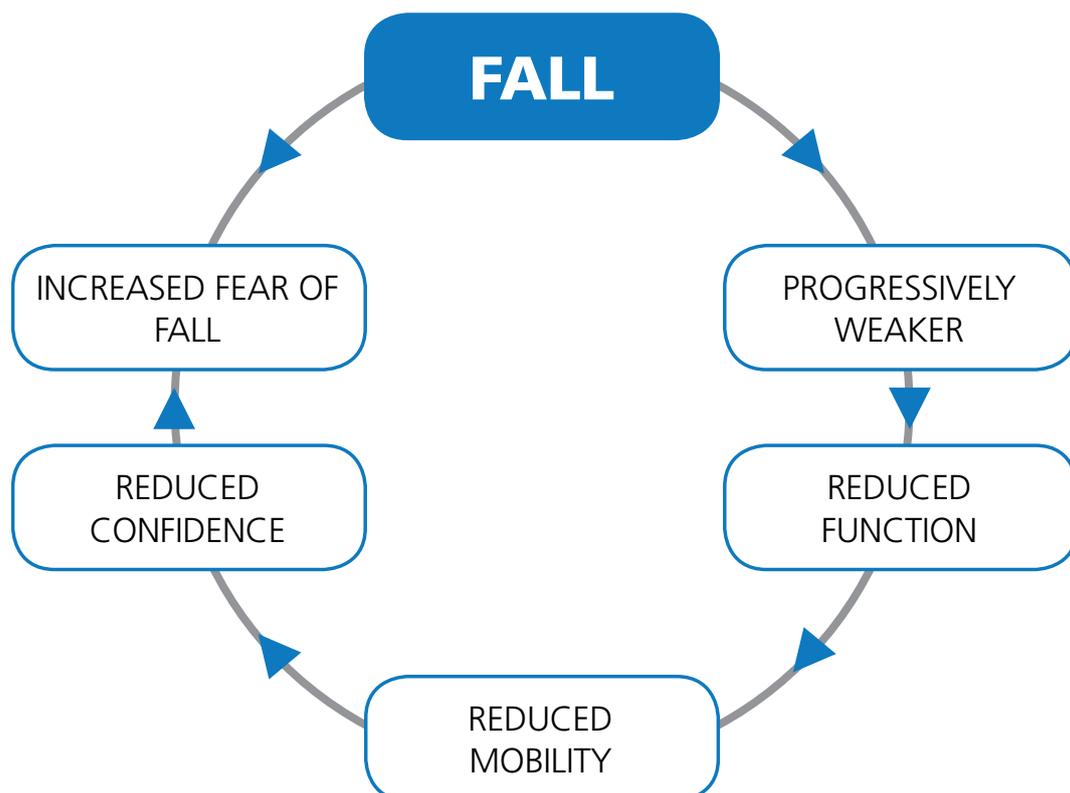
- **Medical conditions** – such as Parkinson’s disease, stroke, acute infection and arthritis can all affect mobility, strength and functional ability
- **Mental health issues** – anxiety, psychoses
- **Cognitive impairment** – dementia.

Risks associated with the environment:

- **Flooring** – slippery floors, frayed carpet, rugs, uneven floors
- **Furniture** – too high or too low
- **Trip hazards** – bedclothes, magazines left on the floor, trailing flexes, etc.
- **Poor lighting** – especially on the stairs
- **Faulty equipment** – worn ferrules (the rubber tip on your stick or frame)
- **Incorrectly used equipment** – brakes not put on, carrying frames/sticks, carrying large objects incorrectly and not having your hands free to break a fall
- **Unsafe ladders, unsafe stairs, steep stairs, or slopes**

Consequences

The consequences of a fall can lead to a downward spiral in your ability to carry out normal daily activities.



Consequences of a fall

Physical	Mental	Social
<ul style="list-style-type: none">• Bruising• Fracture (especially femur)• Brain haemorrhage• Burns (fall against radiator)• Dehydration• Pneumonia• Death• Immobility causing reduced activity, loss of muscle tone, stiffer joints	<ul style="list-style-type: none">• Depression• Loss of confidence• Fear• Restriction of lifestyle	<ul style="list-style-type: none">• Inability to leave home (real or imagined)• The need for long term care• Inability to travel• Inability to follow hobbies

What to do if you fall

If you fall, the most important thing to remember is not to panic. You may feel a little shaken and shocked, but if you try to stay calm it will help you to gather your thoughts and remember what you need to do. When you feel calm, ask yourself whether you feel you are able to get up again.



Reducing the risk of falls and injury

If you DON'T feel hurt and you feel strong enough to get up, follow these steps:

- Don't get up quickly, roll onto your hands and knees and look for a stable piece of furniture such as a chair or bed.
- Shuffle along on your bottom or crawl over to the furniture and if possible, put something soft under your knees. Now rest and take a deep breath. Keep calm.
- Hold onto the furniture with your hands and support yourself.
- Put one foot flat on the floor with your knee bent in front of your body.
- When you feel ready put your other foot flat on the floor as well, lean forward and slowly get up and get your balance. Then get ready to turn and sit down. Rest for a while before carrying on with your day.

If you do feel hurt and/or unable to get up, follow these steps:

- Do you have a phone within reach? Try to get someone's attention by using your personal alarm pendant if you have one, call out for help, bang on the wall or floor (if there is someone in the floor below you) or if possible, crawl to a telephone and call **999**.
- While you are waiting for help, get as comfortable and warm as you can, get to a carpeted area of floor if possible, and try to reach something warm to put over you (particularly your legs and feet) use a blanket or dressing gown/household linen - even newspaper can help.

- If you have fallen on a hard surface, try to get a softer surface under you. You may be able to crawl or shuffle to a carpeted area, or make a pad under you with a rug, cushions, or towels.
- Change position every half an hour or so and roll from side to side and move your arms and legs if able to, so that you not only keep yourself warm, but prevent pressure sores from developing.
- If you need to empty your bladder put something absorbent under you, and then try and move away from the wet area.

How to prevent falls

Have a safe home and lifestyle!

Most falls occur at home – often in the kitchen, on the stairs and in the bathroom. Here are some ideas to make the inside and the outside of your home a safer place.

Kitchen

- Remove rugs.
- Have everything within reach so that you don't need to climb; if you must climb, use a stable step stool with a safety rail.
- Wipe up any spills immediately to prevent slipping.

Stairs

- Have handrails on both sides of the stairs.
- Make sure stairs are properly lit.
- Don't put things on the stairs.

Bathroom

- Install grab bars and non-slip mats in the bath and shower.
- Use a non-slip mat next to the bath.
- Install a night-light in the hallway and bathroom.
- Wipe up moisture or spills immediately.

Living Room

- Leave generous space to move safely around furniture.
- Make sure electrical cords are out of the way.
- Ensure furniture and lamps are steady and stable.

Walkways and entry-ways

- Have a small chair in your entryway to help you put on and remove your shoes.
- Make sure your steps and paths are free of ice, snow, newspapers, litter or wet leaves.
- Have a rail installed along your front path and at the front door if necessary.

Garden

- Put the hose away in a secure area when you're not watering.
- Make sure garden tools are safely put away when not in use.
- Wear shoes that support and stabilise you.
- Have garden tools handy (in a bucket or in your gardening apron pockets).
- Use a kneeling pad while weeding; rise slowly when you've finished.
- Don't walk on wet grass; keep the garden, pathways and steps free of leaves and twigs.
- Make sure garden furniture and ornaments are steady and in good repair.

When going out

- Take all the time you need – plan ahead, don't rush.
- Wear footwear to prevent slipping and avoid laces that may come undone.
- Use your walking aid if needed.
- Walk slowly and carefully – be alert to pavement cracks, obstacles, slopes, slippery surfaces and other hazards.
- Don't load yourself with bags; take advantage of home delivery or use a pushcart (which can also act as a walking aid).
- Be a defensive walker – watch for traffic, bicycles and rollerbladers.
- Plan your journey so that you don't have to go out during rush hour, darkness or bad weather.

Other precautions

- Don't try to do tasks that are too strenuous or potentially dangerous. Find a volunteer – a friend, a neighbour, a relative, building maintenance staff – to help you with the heavy work.
- Take care not to trip on your pet (or your grandchild's toys!) – always check the floor, the stairs and the hallway.
- Turn the lights on ahead of you while moving through the house.
- Take off your reading glasses when you're not reading.
- Use your walking aid inside the house if necessary.
- Don't rush to the phone: if you have an answering machine, your callers will leave a message; if not, they will call back.

Reducing the risk of falls and injury

- Avoid wearing loose-fitting trailing clothes which might trip you up, and keep your home warm – cold muscles can lead to accidents.
- Consider using a personal fall alarm system.
- Don't walk on slippery floors in socks or tights.
- Finally, know that you have the right to be safe. If you notice any hazards or unsafe conditions, let the proper authorities know (for example, the council, your landlord, or shop staff). Cracks can be repaired; public ramps can be installed; traffic lights can have their timing changed. Reporting unsafe conditions benefits you and the entire community!

Your health

- Have regular eye tests.
- Take regular exercise, keep physically active, and keep your muscles as strong as possible.
- Look after your feet, and wear well-fitting sensible shoes with thin soles, high sides and good grip.
- Hip protectors worn under clothes can reduce the risk of hip fracture by around 50 per cent.
- Get a flu jab - being unwell can make people more prone to falling.
- Don't mix alcohol with medication - it may cause dizziness and loss of balance.
- Let your GP know if you feel dizzy, and review your medication with your GP regularly.
- If you feel unwell, let your family, friend, or neighbour know.

- Have enough calcium and vitamin D in your diet to keep bones strong and reduce the risk of fracture. Calcium is found in dairy products (choose lower-fat ones) and vitamin D is found in oily fish and meat.

Rushing

- Rushing, for whatever reason, can cause a fall, as can turning or getting up suddenly. These may be due to getting to the telephone, or the toilet, in time.
- Do not rush to answer a phone or open the front door.
- Use an answering service, for example BT 1571, or invest in an answering machine.
- Call 1471 to see who has just phoned - if it is important, they will ring back.
- If rushing for the toilet is the cause, contact your GP if you are experiencing bladder or bowel problems. Do not suffer in silence as there is much that can be done to help, for example consider using a commode at night.
- Always take your time getting up from a chair or bed, giving your body time to adjust to the change in position. This will help to prevent feelings of dizziness or light-headedness. If you experience these whenever you get up, consult your GP, as you may need your blood pressure checking.



Summoning help

Be prepared. Have a system in place for summoning help in an emergency.

Here are some suggestions:

- Wear a personal alarm, which can be a pendant or a wrist strap. It uses your phone system to contact someone for help once you press the button. A list of alarm systems is attached to this booklet. It is the best method of calling for help quickly.
- Arrange with someone (a neighbour, friend or relative) for you to ring their phone each morning and evening. Just let it ring three times as a signal that you are okay, then hang up, and it doesn't cost anything. If they don't hear from you, they know to check up.
- Keep your home phone within reach, or have a cordless or mobile phone you can carry with you.
- Even in summer, you can become chilled quickly if you are lying on the floor. It is useful to have items such as shawls or throws in your rooms, so that you can keep yourself warm if you have fallen.

Get the best out of your eyesight

- Your vision plays a part in your sense of balance and movement. It is a good idea to have your eyes checked every two years. Eye tests are free if you are aged 60. Over-70s should get tested every year.
- Be aware that reading glasses and bifocals can make objects appear closer than they really are, which can cause you to trip or over-reach for items.
- Make sure your glasses are clean and well-fitting. If you go from light to dark, or the other way around, stop and give your eyes time to adjust before moving.



Hearing problems

Ears and hearing are closely involved with balance. If you suspect you have hearing loss, the first person to see is your GP. Sometimes an infection or build-up of wax, or a condition such as Meniere's disease can cause problems such as dizziness and loss of balance; these can put you at risk of falling, so it is important to seek treatment.

Footcare

Never ignore minor foot problems – symptoms such as pain, soreness and redness should be examined as they may lead to more serious problems and reduced mobility and balance.

It is important to choose suitable shoes (lightweight shoes for indoor use rather than slippers) that fit well – usually high sided with low heels and cushioned soles. Ask your healthcare professional for advice. If your soles and heels are painful when you walk, cushioned

insoles can help. Shoes with Velcro straps may be easier to put on and to adjust when feet are swollen. Avoid loose, worn or backless slippers and shoes with high heels.

A long-handled shoe horn may help you put on your shoes. Keep your feet clean and well cared for and if you have any concerns you can self-refer to a Podiatrist (020 8614 5457) or contact your GP.

Clothing such as long nightdresses can also increase your risk of tripping. Avoid walking on slippery floors in socks or tights.

Caring for your feet

Wash your feet daily, and always dry them thoroughly, especially between your toes. If reaching is difficult, long-handled sponges and soft brushes are available. Apply moisturising cream to your feet, to keep the skin supple, but don't apply between the toes. A water-based cream, such as Aqueous cream, is effective and inexpensive, and available from any chemist. Cut toenails straight across, and don't cut them

too short, especially at the corners, as you may develop an ingrowing toenail. A nail clipper may be easier for you than scissors.

- **If you are diabetic**, you should have your feet checked regularly. See your GP if this is not happening, and he can refer you to a podiatrist. Never walk around barefoot, and check your shoes for bits of grit or rough edges each time you put them on.
- **Feet need gentle treatment.** Don't apply acid-based plasters to corns, as they can damage the surrounding skin. Don't use rough metal foot files, or be over zealous in trying to remove hard skin. See your podiatrist if you have a problem that needs treating.
- **Unsafe footwear** can be a cause of falls. Look for shoes that are supportive, have a stiffer material around the sides of the

heel, are low-heeled, with a non-slip sole that isn't too thick. Check that you can wriggle your toes, that they fit snugly around the heel, and don't rub anywhere. They should be deep enough and wide enough in the toe area to accommodate any toe deformities. Lace up styles are best, but Velcro fastening is adequate. If possible, have your feet measured, as feet change in shape as we age. Avoid sloppy slippers. If you wear slippers, ensure they are supportive too – slip on mules are not recommended!

- **Exercise your feet daily**, as part of a general exercise routine. It is also easy to give them a 'workout' when you are sitting down, and always try to do so on long journeys.
- **A nail-cutting service** is available at **Age U.K, call 020 8878 3073.**





Mobility aids

A mobility aid could help you if you are unsteady on your feet or have difficulty getting about. It is important that your walking stick is the correct length this is level with your wrist crease when your arm is held by your side.

Walking frames give more support and are more stable. Always get advice from your physiotherapist on which walking aid is the most suitable for you and how to use it.

Carrying food and drink into another room is often difficult if you use a walking aid. Discuss with your healthcare professional if it is a problem.

Check that the ferrule (the rubber tip to your stick or frame) has a tread on it and has not worn smooth. Worn ferrules can be dangerous and may increase your risk of having a fall. If it is worn, speak to the person who supplied it about replacing the ferrule. If you bought it privately, replacement ferrules are sold in larger chemist stores such as Boots, or at disability aid shops.

Medicines and falls

There are many drugs that may make older people more likely to have a fall. They can change the way the body's natural balance systems work. As people get older this can be more of a problem.

If you take more than four kinds of medication, ask your GP or pharmacist to check them regularly. Do not mix alcohol with medications as this can cause dizziness and reduced balance.

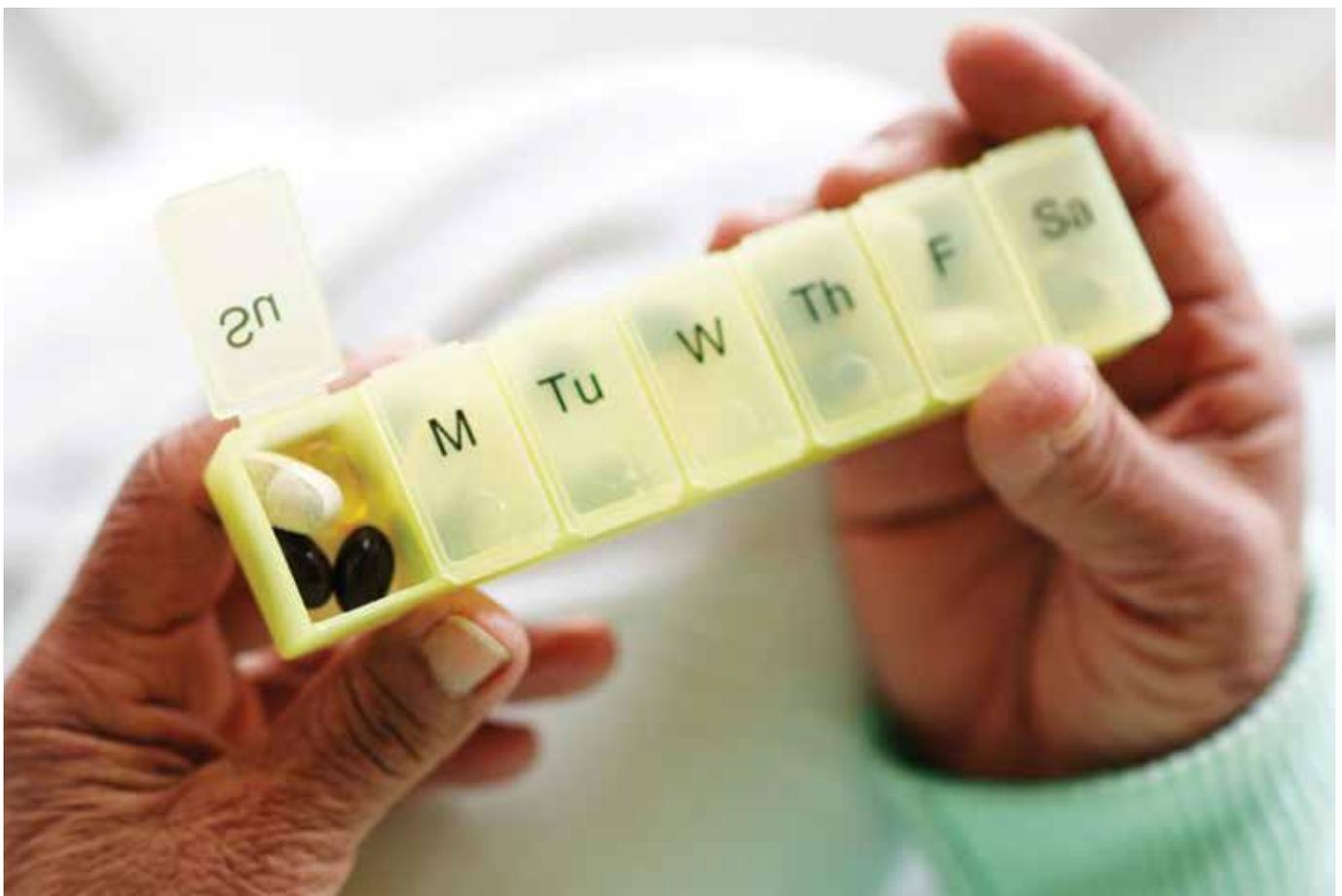
Make sure you check the label each time you have a repeat prescription, do not depend on the colour of the tablet as the colour may change if it has been supplied by another company. Not doing this means that there is a risk of overdosing. The two main side-effects which can be a problem are sleepiness (sedation) and faintness/dizziness.

Sleepiness (sedation)

This medication side-effect is one of the most common causes of falls. Some of the drug groups which may cause this are:

- Hypnotics (sleeping tablets)
- Anxiolytics (sedatives)
- Some of the older drugs for depression
- Some of the older drugs for hay-fever and allergy
- Drugs that are used to treat some mental health problems

Medical experts discourage the use of sleeping tablets or sedatives for too long. However, if you have been taking these types of drugs for some time and want to stop them, it can be quite difficult.



Reducing the risk of falls and injury

If you feel that you would like to stop taking them, talk to your GP. Your GP may be able to reduce the dose you are prescribed over a number of weeks (or sometimes months). This will help you to reduce the dosage bit by bit and in time you should be able to stop. Doing it this way should help prevent unpleasant side-effects.

Dizziness/faintness

Dizziness or faintness can be caused by low blood pressure. It is the other major cause of falls in older people. This is usually noticed as a feeling of faintness or dizziness as you stand up when you have been sitting or lying down. Some groups of medicines which may have this effect are those used to treat:

- High blood pressure
- Heart problems
- Urinary problems
- Glaucoma
- Depression
- Mental health problems
- Parkinson's Disease
- Vertigo - Prochlorperazine (Stemetil®) – this drug is sometimes given to treat symptoms of vertigo, but can unfortunately cause dizziness and falls, especially in older people.

It is important to remember that you should not stop any of these drugs suddenly. If you feel that one of your medicines may be making you feel drowsy, faint or dizzy, check whether it can cause these effects with your local Pharmacist. If the drug(s) could be a problem, make an appointment to see your GP. You and your GP will be able to decide what is the best thing to do.

Incontinence and risk of falling

Urinary and faecal incontinence is an important risk factor for falls and fractures. Urinary incontinence can contribute to fall risk in several ways:

- Incontinence episodes may lead to slips on wet floor surfaces.
- Urge incontinence (involuntary leakage accompanied by or immediately preceded by urgency) may increase risk when people hurry to the toilet to avoid wetting themselves.
- Incontinence can lead to episodes of dizziness.
- Episodes of incontinence may be temporary (transient incontinence is present in up to 50 per cent of patients) and often related to acute illness, such as urinary tract infections, delirium, drowsiness and hypotension.
- Medications used to treat incontinence, such as anticholinergics or alpha blockers, can cause postural hypotension (low blood pressure on standing).
- Nocturia (waking at night to empty your bladder) can result in poor sleep, which is associated with an increased risk of falls.
- Being unsteady on your feet and poor balance may make it difficult to reach the toilet and thereby increase the risk of falling.
- Reduced dexterity (in manipulating undergarments, etc.) can also lead to falls.



For more advice contact the continence service. Call 020 8714 4086 or 020 8714 4085.

Universal keys (known as RADAR Keys) for national access to disabled toilets are available from the Disability Network, who can be contacted on 020 7250 3222.

Strategies for reducing the risk of falls due to incontinence

- Cause of incontinence should be identified and treated, including medication side effects.
- Other fall risks should be identified and addressed (your gait and balance, your ability to get around, reduced dexterity, etc.) which can have an impact on getting to the toilet.
- Consider a bedside commode or urinal if the toilet is not close by.
- Consider using the toilet regularly every few hours, rather than waiting for the urge. This may avoid rushing to the toilet and falling.
- Ensure you are wearing suitable clothes that can be easily undone or removed by yourself and that you use suitable footwear to reduce the risk of slipping in urine.
- Keep the pathway to the toilet obstacle free and leave a night light on in the bedroom/ bathroom at night.
- Try cutting down on caffeine (tea and coffee); use brands without caffeine or drink water or soft drinks.
- Try to avoid constipation by eating plenty of fibre.
- Try to keep as active and mobile as you can.

Osteoporosis

Osteoporosis is a lack of bone density which causes bones to become fragile and liable to break very easily. The health of your bones can make a big difference to the effect that a fall may have on you.

Certain factors will put you at risk of breaking a bone. These include advanced age, any previous broken bones, family history of Osteoporosis or hip fracture, low weight, steroid medication and some conditions such as Rheumatoid arthritis or COPD. Your healthcare professional will be able to assess your risk of a fracture by looking at the relevant risk factors. They should then be able to recommend if you require a DEXA scan, or bone sparing medication which reduces the risk of breaking a bone.

You can keep your bones healthy by eating a diet rich in calcium and vitamin D, and taking regular weight-bearing exercise.

If you have previously broken a bone, your GP may prescribe a bisphosphonate. Bisphosphonates slow down the cells that break down bone, enabling the bone-building cells to work more effectively and increase bone strength. Once you are prescribed Bisphosphonates it is vital you continue to take them unless your GP or Consultant says otherwise.

Spending time outside is particularly good as it increases the opportunity for exposure to the sun which helps in the production of vitamin D. If this is not possible, speak to your GP about supplements.

It is never too late to give up smoking and limit the amount of alcohol you drink.

Eating for health



Eating healthily is important for maintaining muscle strength and strong bones, for energy and to prevent illness. It is important to eat regularly to help maintain your energy levels and to eat a variety of foods to ensure a balanced diet.

It is important that your diet contains ample quantities of calcium and vitamin D. Most of our calcium comes from milk or foods containing milk. The bones of small fish that you can eat e.g. sardines and pilchards, are also good.

The main source of vitamin D is the action of sunlight on the skin. Low levels of vitamin D are common in older people who are house-bound. Increase your intake of vitamin D by trying to go outside for half an hour each day between April and September. House-bound people should take a vitamin D supplement.

There are five different food groups – simply choose a variety of foods from each group in the correct proportions:

Dairy

Provides mainly calcium and protein (aim for three portions a day):

Choose lower fat varieties, for example low fat yoghurt instead of cream on fruit

What is a portion?

- 1/3 pint (200ml) milk/1 small pot (125g) yoghurt
- 1½oz (45g) hard cheese/2 tbsp (80g) cottage cheese
If you do not eat dairy, soya alternatives enriched with calcium are good options.

What is a portion?

- 1/3 pint (200ml) soya milk/one small pot of soya dessert/yoghurt

Fruit and vegetables

Provide vitamins, minerals and fibre (includes all fruits and vegetables fresh, frozen, canned or dried) (aim for 5 portions a day). Try to eat a variety of different coloured fruits/vegetables everyday.

What is a portion?

- A whole fruit (apple, banana etc), 2 small fruits (plum, satsuma) or a handful of berry fruit or grapes
- 3 tablespoons vegetables, or 1 small bowl of salad
- 1 small glass fruit juice (only one a day counts as a portion).

Breads, other cereals and potatoes

(eat something from this group at each meal and aim for 5-8 portions a day).

These provide an important source of energy. Includes breads, breakfast cereals, rice and starchy vegetables such as potatoes. Try to choose wholewheat/wholegrain varieties as these contain more fibre.

Avoid adding extra fats. Some cereals are now fortified with calcium and/or vitamin D.

What is a portion?

- 1 slice bread or toast /2-3 crispbreads or crackers
- Three tablespoons cereal/dry porridge
- Two-three tablespoons cooked rice/pasta
- Two new potatoes or ½ a jacket potato

Meat, fish and alternatives

(aim for 2–3 portions a day). This group includes all meats, fish, eggs, nuts, pulses (lentils, beans etc) and meat alternatives e.g. quorn and soya products. They provide protein and iron as well as vitamins and minerals. Make a point of having, more meat free meals by eating more fish, vegetables or beans/lentils in dishes.

Try to eat oily fish twice a week such as: herring, mackerel, pilchards, salmon, sardines. Choose smaller, leaner cuts of meats and avoid excessive amounts of processed meat/meat products, i.e. sausages, as they will be high in fat.

What is a portion?

- 2- 3oz (60-85g) cooked meat/poultry/alternative

Reducing the risk of falls and injury

- 4-5oz (120-140g) fish/two eggs
- Two tbsp (60g) nuts/three tbsp (150g) beans/pulses

Fatty and sugary foods

(Limit your intake). This includes spreading fats and oils as well as fried foods, cakes, pastries, confectionery, cream, sugar, honey, jams and crisps. Choose lower fat and lower sugar versions where possible. Choose oils for cooking rather than butter or lard. Choose a vitamin D enriched spread to help your body use the calcium in your diet.

What is a portion?

- One tsp full fat spread/oil/mayonnaise
- Two tsp low fat spread/salad dressing
- Two tsp sugar/jam
- One scoop ice cream/small snack size chocolate bar/½ bag of crisps

Fluids

Water, fruit juices or tea are necessary to ensure the functioning of all the body's organs. Not drinking enough may result in reduced blood pressure and falls as well as dehydration and constipation. Try to drink 8-10 cups of fluid, especially in hot weather.

Are you off your food?

At times you may find that you are eating less food and the usual healthy eating diet may not be right for you. When you are finding it hard to eat full meals it is still important to eat small meals that are nourishing.

Here are some tips that maybe useful if your appetite is poor, you are gradually losing weight and missing meals:

- Eat three small meals and three snacks between meals or a milky drink e.g. Horlicks or drinking chocolate.
- Try having a creamy dessert after meals e.g. ice-cream, rice pudding, sponge/fruit pie with custard/cream.
- Use full fat milk/yoghurts and cream instead of the low fat varieties Sprinkle extra cheese on dishes/in soups.
- You can also add extra cream/milk/skimmed milk powder to milk-based dishes e.g. soups and mashed potato.
- Add/spread extra butter/margarine into dishes or onto bread, toast, crumpets etc and add honey, jam, peanut butter or marmalade. Add sugar to drinks and cereals.
- Nourishing drinks can also provide extra energy and protein. Apart from milky drinks like hot chocolate and Horlicks, you can also buy special products at chemists and supermarkets. These include:
 - **Build-up, Complan and Recovery (Boots)** – these come in powder form and you add milk. These come in savoury (soups) and sweet (milkshake) type varieties.

- **Nourishment, Nutrament and Supligen**
– these come ready to drink in cans and are available from supermarkets.

These drinks are not designed to be used in place of meals; they are intended to provide a top-up of energy and protein while your appetite and/or oral intake is poor.

They should be taken in between meals or as a bed-time drink so as not to spoil your appetite and they can also be added to supplement dishes e.g. puddings.

If you are still losing weight or are concerned, contact your GP who may refer you on to a dietitian or provide further advice.

Supplements to increase bone strength

Elderly people who are frail or house-bound may not get enough calcium and Vitamin D. To reduce the risk of fragile bones, GPs can prescribe supplements – these must be taken for about a year before the benefits can be seen and then continued long-term.

Community alarms and monitors

Many of the problems after a fall, such as pneumonia and hypothermia, are due to the person falling and lying on the floor for long periods of time. Community alarms allow you to call for help even if you can't reach a telephone. You contact a 24-hour response centre by pressing a button on a pendant or wrist band, and staff at the centre will contact someone who can help you. Contact your local social services for advice on alarm and key safe.

Warmth

Keep your home and yourself warm. We tend to feel the cold more as we get older, and are not as active, and our bodies are generally not as efficient at keeping us warm. Use layers of clothing to hold the heat in, have warm drinks and food, and do gentle exercise. Don't sit for long periods. Help is available if you have difficulty keeping your home warm. Please ask your local social services for advice.

Physical activity

An active life and exercise will help to improve strength, balance and prevent falls. Regular physical activity will help to preserve independent living and prevent/postpone age-related decline in strength/balance and co-ordination. Additional benefits from regular exercise include increasing bone health/strength, which reduces the risk of injuries/fractures associated with a fall.

The Health Trainer Service can assist with lifestyle change in one-to-one sessions.

**For more information contact 020 8323 1722
livewellstaywell@mytimeactive.co.uk.**

You can join one of your local exercise groups, and/or continue the individual exercise programme given by your physiotherapist.

**For advice, contact the Community Independent Living Scheme (CILS) on:
020 8973 1877 www.golocal.org.uk
(Twickenham, Whitton, Sheen, Mortlake, Barnes)
or 020 36934000 www.commpartnership.co.uk (Richmond, Kew, ham, Petersham).**

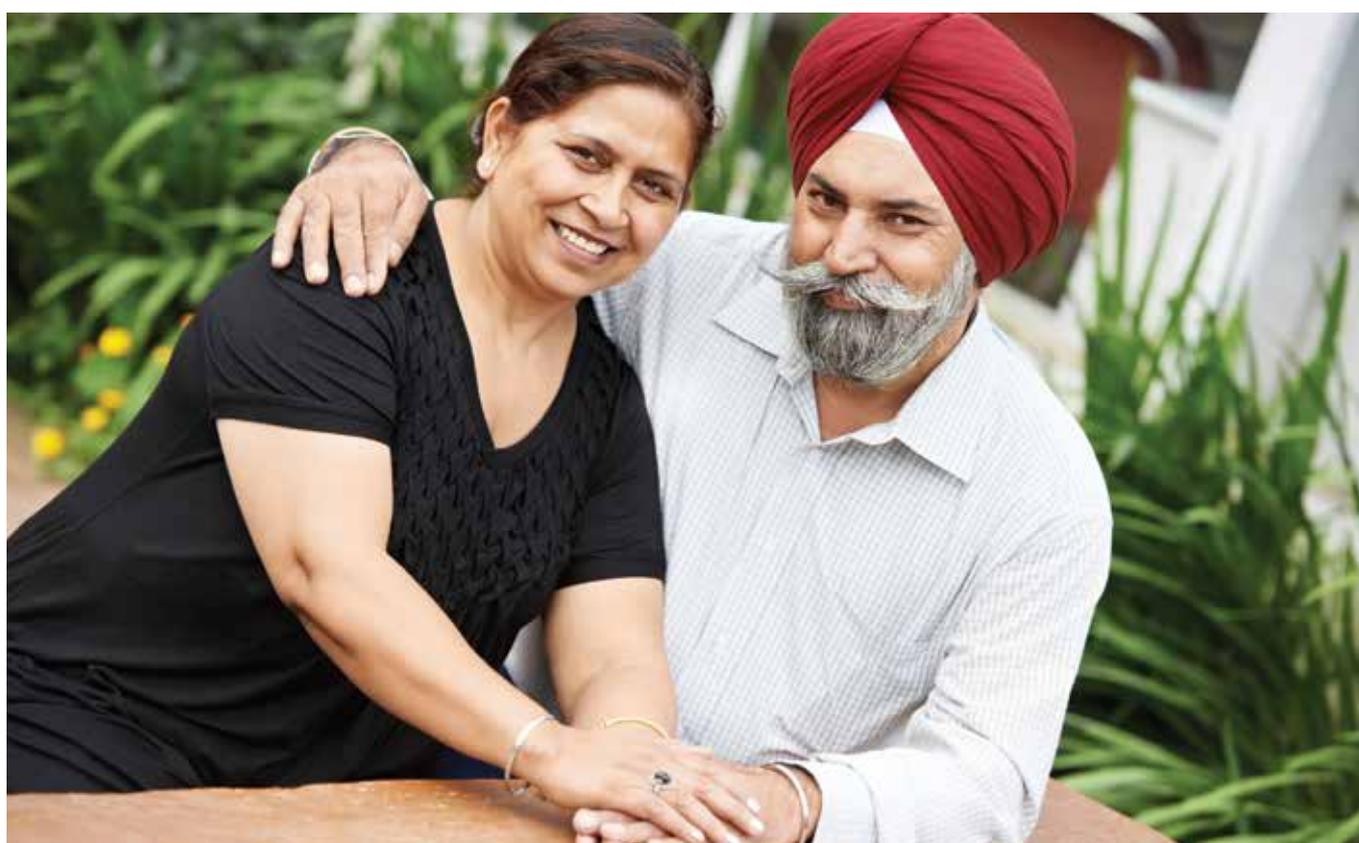


Useful links

- www.hrch.nhs.uk
- www.profane.eu.org. (Prevention of falls network Europe)
- www.patient.co.uk
- www.dwp.gov.uk/medical/med_conditions/minor/falls/
- www.laterlifetraining.com
- www.nos.org.uk
- www.csp.org.co.uk
- www.cot.org.uk
- www.nice.org.uk
- www.slips-online.co.uk
- www.tripdatabase.com
- www.ageuk.org.uk
- www.seekwellness.com/incontinence/fall_risk.htm
- www.mytimeactive.co.uk

Local contact information

<ul style="list-style-type: none">• Age U.K. (National)• Age U.K. (Richmond)	0800 169 6565 020 8878 3073 10am-4pm
<ul style="list-style-type: none">• Alzheimer's Society (National)• Alzheimers Society (Richmond)	0300 222 1122 020 8611 6800
Assisted Transport <ul style="list-style-type: none">• Dial-a-Ride• Blue Badge• Taxicard/freedom pass	0845 9991999 020 8831 6094 020 8831 6312
<ul style="list-style-type: none">• Richmond Response and Rehab Team	020 8714 4060
<ul style="list-style-type: none">• The Contenance Service	020 8714 4086/4085



<p>Footwear</p> <ul style="list-style-type: none"> • Padders • Hotter • Cosyfeet 	<p>01536 534977</p> <p>0800 083 8490</p> <p>01458 447275</p>
<ul style="list-style-type: none"> • Disability Rights U.K. (Radar Key) 	<p>020 7250 3222</p>
<p>Equipment Suppliers</p> <ul style="list-style-type: none"> • There are a number of suppliers for small pieces of equipment. For more information and a list of local suppliers please contact the Richmond Adult Access Team 	<p>020 8891 7971</p>
<ul style="list-style-type: none"> • Richmond Council 	<p>0845 6122 660</p>
<ul style="list-style-type: none"> • Adult community services, Richmond 	<p>020 8891 7971</p>
<ul style="list-style-type: none"> • Richmond Home Improvement Agency 	<p>020 8891 7436</p>
<ul style="list-style-type: none"> • Richmond, local exercise classes 	<p>020 83231722</p>
<ul style="list-style-type: none"> • Telecare personal alarms, Richmond 	<p>020 85455940</p>
<ul style="list-style-type: none"> • National Osteoporosis Society 	<p>0808 8000035</p>
<ul style="list-style-type: none"> • Podiatry Service Richmond 	<p>020 86145435</p>
<ul style="list-style-type: none"> • Walk in clinic (at Teddington Memorial Hospital) 	<p>020 87144004</p>
<ul style="list-style-type: none"> • Teddington Memorial Hospital 	<p>020 8714 4000</p>

Falls and Bone Health Service

Whitton Corner Health & Social Care Centre
Percy Road
Twickenham TW2 6JL

Tel: 020 8614 5397
www.hrch.nhs.uk

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