

Letter to the Editor



Implementing measures to minimize the global incidence of falls and its associated complications

Sir,

Globally, falls are the second most common reason for the accidental deaths, with close to 0.42 million deaths being reported each year, of which four-fifths are in low- and middle-income nations.^[1] In fact, the Western Pacific and South East Asian region account for 66% of the overall fatalities, with elderly population being predominantly affected, both in terms of morbidities and mortalities.^[1] In addition, in excess of 37 million individuals each year acquire serious injuries, which require medical intervention for the appropriate management.^[1,2] Further, there are consequences such as permanent or temporary disabilities, impaired quality of life, sickness absenteeism, reduced productivity, hospitalization, and financial burden on the health system as well as on the households.^[1-3]

The epidemiological trends suggest that among elderly, as the age increases, the risk of a fatal outcome or serious complication also increases, and it is due to the combination of individual attributes and absence of elderly-friendly society (viz., poor construction, slippery floor, uneven sidewalks, etc).^[2,3] At the same time, children have also been identified as one of the high-risk groups because of the desire to explore the surroundings, lack of attention from parents, and risk-taking behavior.^[2,3] In addition, factors such as male gender; occupational demands; alcohol or substance use; socioeconomic attributes such as poverty, overcrowding, or single parent; co-existing medical illnesses; side effects of therapeutic drugs; physical inactivity and loss of balance; poor mobility-cognition-vision; and exposure to high-risk surroundings have augmented the risk of falls and its associated after-effects.^[1-3]

It is very important to ensure that fall prevention strategies are comprehensive and multi-sectoral and should give adequate priority to research to obtain the precise estimates, potential risk factors, and evaluate the effectiveness of the implemented strategies.^[2,4] There is an immense need to formulate supportive policies to create a safe environment and minimize the exposure

to predisposing factors, and these measures should be targeted to vulnerable age groups.^[2,4]

For the elderly, interventions such as screening of the living environment for the potential risk, reducing smoking or alcohol consumption, maintaining weight within recommended living, and motivating them to participate in acceptable form of physical activities will definitely improve the results.^[1,2,4,5] In addition, intervening clinically to rule out potential medical risk factors (such as review of drugs, management of low blood pressure or vision, administration of nutritional supplements, offering assistive device to respond to any existing impairments, muscle strengthening or balance retraining exercises, etc.), initiating community-based programs, and modifying home to make it more elder-friendly can be tried to reduce the incidence.^[1,2,4,5] On a similar note, for the children, strategies such as ensuring modifications in the furniture of schools, sports equipment, window guards, home visits, training of individuals and communities to offer desired medical attention, in case of a fall, and general public awareness campaigns can be implemented to minimize the incidence in heterogeneous settings.^[1,2,5]

To conclude, to acknowledge the magnitude of the falls and the associated adverse effects, there is a great need to implement effective fall prevention programs with an aim to minimize the incidence of people who fall and the severity of the injury sustained, should a fall occur.

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Conflicts of interest

There are no conflicts of interest.

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