

**Well+Being** Food Fitness Mind Body Life

---

# Why are falls so serious in older people?

More than 1 in 4 Americans ages 65 and older fall each year, but falling does not have to be an inevitable part of aging

By Marlene Cimonis

Updated March 9, 2023 at 4:17 p.m. EST | Published March 9, 2023 at 12:37 p.m. EST

Senate Minority Leader Mitch McConnell (R-Ky.) suffered a concussion and has been hospitalized after he tripped and fell at a hotel. The senator will stay in the hospital for observation and treatment, his spokesman said Thursday.

The news highlights the risks of falling that older adults face. It's not the first tumble for the 81-year-old, who fractured a shoulder in 2019 in a fall outside his Louisville home.

Every year, millions of Americans older than 65 experience falls, according to the Centers for Disease Control and Prevention. This translates to 1 in 4 older adults falling, resulting in more than 800,000 emergency department visits, with 1 in 5 of the falls resulting in serious injuries such as broken hips or other bone fractures, or head trauma, according to CDC. Falls are the leading cause of injury and death in this age group, the CDC says.

“For the elderly, a fall is a life-changing and potentially life-ending event,” said Christine Kistler, associate professor in geriatric and family medicine at the University of North Carolina Chapel Hill School of Medicine.

Here are answers to some common questions about falling risk.

## WHAT TO KNOW

- ◆ [Why are falls so concerning in older people?](#)
- ◆ [Why is the risk of falling higher in older adults?](#)
- ◆ [Why are the consequences of a fall so serious in older adults and recovery so difficult?](#)
- ◆ [How can someone reduce the personal risk of falling?](#)
- ◆ [Why are pet owners at risk?](#)
- ◆ [Is there a way to stop a fall — or prevent serious injury — once it starts?](#)

## Why are falls so concerning in older people?

As people age, their muscles can become weaker, bones more brittle and reaction time slower. Healing also can take longer in an older body, and many older people have existing health conditions that may be exacerbated by a fall or can cause a fall.

“A fall can result in injury, such as a fracture, which may affect an older adult’s ability to function independently,” said Laurie Jacobs, chair of the department of medicine at Hackensack University Medical Center and past president of the American Geriatrics Society. “It also can affect one’s confidence in navigating the environment in which they live.”

Falls are the most common cause of traumatic brain injury. [Hip fractures alone](#) result in hospitalization for 300,000 older Americans annually, and more than 95 percent of those fractures are because of falls.

## Why is the risk of falling higher in older adults?

The main predictor for an increased risk of falls is a history of falls, [studies show](#). And advancing age is a major risk factor for falls.

“Older adults are more susceptible to falls due to the changes of normal aging, such as the decline in muscle mass, and the effects of medications and health conditions, which may impair balance, strength, vision and hearing, among other effects,” Jacobs said.

Most falls result from a combination of risk factors. [Balance declines](#) with age, making older people prone to falling, particularly if they also have lower-body weakness, trouble walking or poor vision. Vitamin D deficiency and certain health conditions, including hypertension and Parkinson’s disease, can increase falling risk.

Taking [multiple medications](#) such as tranquilizers, sedatives and antidepressants can increase the risk of falling. The risks posed by prescription drugs include impaired judgment and cognition, mood changes, lightheadedness, loss of balance, drowsiness, slower reaction time, dizziness and wooziness. This presents an especially thorny problem, since many of these medications are important for older patients who have sleep disorders, anxiety, depression, high blood pressure and other conditions.

People with mild hearing loss are nearly three times as likely to fall, with each 10 decibels of hearing loss increasing fall risk, [according to research from Johns Hopkins](#). Women tend to be at higher risk for falls than men.

Other hazards include foot pain and wearing poor footwear, and home dangers, such as slippery bathtubs or floors, broken or uneven steps, throw rugs or clutter that can cause older people to trip. Outdoors, uneven walkways, sidewalk cracks and curbs, ice and mud are other contributors. Even dog-walking — while good exercise for animals and their humans alike — can prompt a fall if the dog makes an impulsive or unexpected move that results in the person’s being thrown off balance.

## Why are the consequences of a fall so serious in older adults and recovery so difficult?

Recuperating from a fall can be complicated and prolonged, especially with injuries such as a hip fracture or bleeding in the brain from head trauma, and “may even be fatal,” said [Brandon Verdoorn](#), a geriatrician and internist at the Mayo Clinic.

A broken hip, for example, causes severe pain, and requires a major surgical procedure and intensive physical and occupational therapy. A head trauma may cause neurological problems such as muscle weakness or lack of coordination, as well as cognitive impairment, Verdoorn said.

An older body means that “what would be a noninjury in your 40s, would be far more serious in your 80s,” Kistler said.

Falls, then, are compounded by additional health conditions — osteoporosis or muscle wasting, for example — which can impede recovery, she said. “For an older person to be in bed for a day is like a younger person being in bed for a week,” she said, which leads to further weakness and loss of function.

Frailty — the deterioration of multiple body systems — also puts older people at risk, even from minor stresses, Verdoorn said. “Older adults who are frail tend to have weak muscles, walk slowly, have low energy and are often thin and have lost substantial weight,” he said. “Being frail is a significant barrier to recovery after a fall,” he said.

## How can someone reduce the personal risk of falling?

Despite the risks, falling is not considered an inevitable result of aging, according to the National Council on Aging. Most falls — about 60 percent — happen in the home, while 30 percent happen in public and 10 percent in health-care settings, [according to NCOA](#).

Because so many falls occur at home, simple strategies can go a long way to reducing overall fall risk.

“To prevent falls, older adults should try to exercise and walk to maintain strength, and bring any complaints of changing vision, balance and strength to their primary care provider,” Jacobs said.

**Make your home safer:** Remove clutter and put often-used items in easy reach so you don’t need to step on a chair or even a stepladder to reach something. Improve lighting and do not try to navigate your home in the dark. Remove throw rugs and mats; they are a common tripping hazard. Put nonskid mats in the tub and on the floor. Look at the arrangement of your furniture. Make sure there is plenty of space to walk. Remove coffee tables and glass table tops to make the space safer in case of a fall. Add grab bars in the bathroom, and make sure all staircases have handrails and are well-lit.

Avoid climbing ladders for any reason. (Ask a family member or neighbor to change those ceiling lightbulbs for you.)

**Talk to your doctor:** Talking to your physician about falls is important. Get your doctor to evaluate your risk for falling, and discuss measures you can take to prevent them. Ask your doctor or pharmacist to review the drugs you take to see if they cause dizziness or drowsiness, and see if there are safer alternatives. Get checked for vitamin D deficiency, and take supplements if you need them.

**Check your vision and hearing regularly.** Have your vision and hearing screened at least once a year. Keep your glasses or contact lenses up to date. If you wear bifocals or progressive lenses, consider getting glasses with distance correction only for outdoor activities, since the others can make things appear closer or farther than they are.

**Strength training and exercise:** Lifting weights, doing weight-bearing or strengthening exercises for the legs, abdomen and back such as push-ups, planks, lunges or squats can build muscle and improve stability. The more you walk and use the stairs, the stronger and more stable you will be. Yoga and martial arts training [such as tai chi](#) can help improve balance. [Consumer Reports offers this guide](#) to fall-prevention exercises.

**Wear sturdy, nonslip shoes:** Make sure they fit well and have a sole with a strong grip. Heels, slick soles and shoes with “nubs” on the sole can increase fall risk. If you wear slippers at home, make sure they have a rubber sole that does not slip. In icy conditions, consider strapping devices with studs onto the soles of your shoes to improve traction.

## Why are pet owners at risk?

“We know that pets are good for people, for social companionship and exercise, but I call them ‘cute little trip hazards,’” Kistler said.

Pets can tug on leashes, walk underfoot or leap in front of you just as you stand or head for the stairs. Pet bowls, bedding and toys also can be trip hazards.

The CDC has estimated that nearly 87,000 human injuries each year are associated with cats and dogs. Dogs are the worst offender and are associated with 7.5 times as many injuries as cats. Women are twice as likely to be injured in pet-related falls as are men. Injury rates are highest among people over 75, but people of all ages can trip over pets. Fractures and bruises are the most common injuries.

About 2 in 3 falls caused by cats result from stumbling or tripping over the animal. Only 1 in 3 falls caused by dogs are due to tripping over the pet. About 1 in 5 dog-related falls are due to being knocked over or pulled off balance by a dog.

## Is there a way to stop a fall — or prevent serious injury — once it starts?

Kistler suggests putting your hands out and trying either to grab something, or have your arm hit first. “It’s better to have an arm or wrist fracture, than a hip or head injury,” she said.