**RISK FACTORS FOR NON SYNCOPAL FALLS IN THE 'WELL BALANCED CLINIC'**

JED ROWE

Academic Department of Geriatric Medicine, University of Birmingham

**Introduction**
The 'Well Balanced Clinic' is a paperless self auditing clinic providing multiple risk factor assessments for frail elderly people who have suffered falls (Dyer CAE, Watkins C and Rowe J Age and Ageing, in press) To examine the utility of more intensive investigations the records of 58 consecutive patients referred with at least one non syncopal fall were scrutinised

**Results**
Forty seven (81%) subjects were female and the sample had a mean age of 81 years (range 65-93). 33 (57%) were housebound and 47 (80%) used mobility aids. Most patients had remediable risk factors for falls. Forty (69%) were on medication known to be associated with falls and the same number were visually impaired. Inadequate footwear was seen on 33 (57%). Although not a known risk factor for falls the ability to raise the alarm is important if only for humanitarian reasons. There was no detectable strategy for preventing a long lie in 17 (29%) patients Only one patient had a cardioinhibitory response to carotid massage and required pacing.

**Conclusions**
Previous studies have demonstrated a failure to assess simple risk factors for falls. Those wishing to improve their performance in this field would do better attending to these easily addressed problems than investing in equipment for more sophisticated monitoring.

**THE IMPACT OF UNEXPLAINED FALLS AND SYNCOPE ON HOSPITAL RESOURCES**

S. CAINE, K. ALSOP and M. MAC MAHON.

Department of Care of the Elderly, Bristol Royal Infirmary.

**Introduction**
Syncope is an important cause of unexplained falls [UF]. Previous studies have documented the cost of all falls mainly in terms of physical morbidity, transfer to nursing home care and visits to A&E. The impact of syncope on inpatient facilities has not been previously analysed. The objectives of this study were to examine the cost of UF & syncope in terms of (i) physical injury, (ii) use of hospital resources and (iii) financial burden.

**Methods**
A sample of 30 case notes (21 female) were reviewed of patients seen at a syncope clinic within a 12 month period; age range 69-91 (mean 78 yrs). Data prior to clinic attendance regarding physical injury, investigations and hospital admissions which occurred directly as a result of their UF/syncope were analysed. Hospital costs were calculated by the standard accounting approach to costing limited change in overall patient activity; marginal costing.

**Results**
Frequency of symptoms range 2-100 (median 10). 12 (40%) had suffered a total of 26 fractures; 10 upper limb, 6 hip, 3 pelvis, 2 lower limb, 2 multiple ribs, and one each of clavicle, vertebra, and facial bones. All fractures occurred in separate incidents. Subdural haematoma were noted in two of these and soft tissue injuries were documented in a further 13 (43%) patients. 26 (86%) had previously been admitted, and accounted for a total of 895 inpatient days, half of which were documented within one year prior to their clinic attendance. For all 30 cases the median no. of inpatient days was 21, of prior outpatient episodes was 2, and of radiological investigations. 3. Radiological tests included 19 CT and 2 MRI brain scans. Total expense incurred by the hospital on the basis of marginal costing alone was £114, 000; an average of £3800 per case.

**Conclusions**
These data suggest that syncope can lead to significant injury and use of inpatient facilities and that management of this condition should result in a more efficient use of limited hospital resources as well as improving patients' quality of life.

**PREDICTING WARD FALLS: VALIDATION OF A QUICK NURSE-LED ASSESSMENT OF FALLS RISK**

C. PRICE, M. SUDDES AND D O'SHEA

Department of Medicine for the Elderly, North Tyneside General Hospital, Rake Lane, North Shields, Newcastle Upon Tyne NE29 8NH

**Introduction**
Predicting inpatient fallers may prevent injury and save resources, but previous assessments of risk have been labour intensive. Our task was to devise a single assessment of falls risk that a) could be completed quickly by the admitting nurse b) had predictive value for the duration of the admission c) could distinguish between fallers and non-fallers.

**Methodology**
Population: consecutive admissions to two geriatric wards with acute medical beds between July & September 1996. Procedure: a single assessment (see below) was done on admission by the admitting nurse using the information then available. Falls during admission were noted.

**Results**
Assessments were completed on 154 admissions (94%). There were 53 falls reported from 29 fallers. Risk factor distribution was as follows:

- p<0.05 association with falls and: history of #hip,Parkinsons disease or stroke; supervision for mobility; fall in the last month; poor eyesight
- no significant association was found with toiletting difficulties, environmental, memory or continence

**Conclusions**
Falls remain a problem: 1 in 5 admissions fell, a third of these more than once. If less than three of four factors were noted on admission, non-fallers were predicted with 89.6% specificity (negative predictive value 86%). Sensitivity was low for fallers(38%), but this is not surprising for a simple single assessment. Four factors, which nursing staff can easily establish on admission, define patients who are less likely to fall during their stay, and can guide targeting of resources for falls prevention