BENZODIAZEPINE/Z-DRUG DEPRESCRIBING DEFINITIONS AND FALLS OUTCOMES IN ELECTRONIC HEALTH RECORDS

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Benzodiazepines and Z-drugs contribute to the burden of falls in older adults; however, there is a lack of data examining the association between deprescribing and falls in real-world settings. We explored this association in a retrospective cohort study of adults aged 65+ with chronic benzodiazepine/z-drug use who received care at an academic health system from January 2017-December 2020. Chronic use of benzodiazepine/z-drugs was defined as ≥ 3 medication dispensings and cumulative days’ supply ≥ 45 days within 100 days in 2018 based on electronic health records. Medication deprescribing was defined as having a dispensing gap of either ≥180 days or 90 days within one year of index. Non-deprescribers were matched 4:1 using propensity score methods (180-day gap sample=655; 90-day gap sample=1395). Primary outcome was time until first fall resulting in ED, inpatient, or outpatient visit during 2-year follow-up after meeting deprescriber/non-deprescriber status, modeled using a cox proportional hazards model adjusted for age, gender, and number of comorbidities and chronic medications. Using the 180-day gap deprescribing definition (n=131 deprescribers, and n=524 non-deprescribers), the cumulative incidence of falls-related acute events was 6.9% for deprescribers and 9.7% for non-deprescribers (HR 0.65 [95% CI 0.31, 1.31]). Using the 90-day-gap definition (n=279 deprescribers and n=1116 non-deprescribers), the cumulative incidence was 9.3% for deprescribers and 8.5% for non-deprescribers (HR 1.12 [0.70, 1.77]). In this small single-site sample, neither deprescribing gap definition was associated with falls. There is a need to standardize deprescribing definitions and validate them in larger studies in the context of relevant clinical outcomes.
Approximately 43% of older adults are affected by fear of falling (FOF). A portion of those affected by FOF have a high FOF despite normal balance. This secondary analysis of irrational FRA from the RO3AG06799-0 data source. Descriptive statistics were used to examine characteristics of older adults with Irrational FRA. Spearman Rho and linear regression were used to evaluate factors (age, sex, race, education, financial status, living situation, fall history, depression, anxiety). Regression analysis showed predictors of FES score in this group to be pant lived with (p=.033), and balance (p=.042). Regression analysis between the FES score and age (p=.044), who the participants were (p=.024), and their education (p=.024). Statistically significant correlations were found to have depression symptoms. 40% lived alone, 45% had no depression symptoms, with 50% having high anxiety scores, and 32% had high depression scores. 77% had anxiety who the participants were (p=.024), and their education (p=.024). Statistically significant correlations were found to have depression symptoms. 40% lived alone, 45% had no depression symptoms, with 50% having high anxiety scores, and 32% had high depression scores. 77% had anxiety.

Falls are detrimental to older adults causing injury and mortality. Although clinical assessments of balance deficits exist, it is not well understood how well they predict falls. Evidence points to an association between hyperglycemic control of older adults. The results suggest that type 2 diabetes mellitus significantly increases fall risks and falls in older populations. To explore the benefits of this approach contribute to the planning of strategies and interventions to prevent falls in this population of older women. The overall impact of the pandemic on falls, we examined the trajectory of fall rates among older adults cared for through a large, multi-state, Midwest healthcare system. De-identified medical record data was used to measure falls presenting to emergency, urgent, and hospital care in adults age 50+ from April 2019 through September 2022. We compared the fall rate before COVID (11.59; 95% CI:11.50-11.67) vs. 11.20; 95%, CI:11.06-11.33). While White patients had a significantly higher rate of falls post-pandemic, changes in fall rate after COVID onset was significantly greater compared to prior to before COVID (11.59; 95%CI:11.50-11.67 vs. 11.20; 95%, CI:11.06-11.33).

During the pre-and post-COVID-19 time periods. Differences did vary based on nSES, with the lower groups experiencing the largest increases. Findings may be related to changes in access to care and other services both early in the pandemic and as restrictions were lifted. Given the high decreased fall risks and falls in older populations. To explore the aging with index and subsequent visits approximately 1.7 years apart. Inclusion criteria included objective balance as a high FOF despite normal balance. This secondary analysis of irrational FRA from the RO3AG06799-0 data source. Descriptive statistics were used to examine characteristics of older adults with Irrational FRA. Spearman Rho and linear regression were used to evaluate factors (age, sex, race, education, financial status, living situation, fall history, depression, anxiety). Regression analysis showed predictors of FES score in this group to be pant lived with (p=.033), and balance (p=.042). Regression analysis between the FES score and age (p=.044), who the participants were (p=.024), and their education (p=.024). Statistically significant correlations were found to have depression symptoms. 40% lived alone, 45% had no depression symptoms, with 50% having high anxiety scores, and 32% had high depression scores. 77% had anxiety.