How Women Can Reduce Fall Risk and Stay Independent Longer Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Falls and Sarcopenia

Another piece of keeping our body in good shape to both avoid falls and prevent serious injuries from falls is sarcopenia or lack of muscle. Loss of muscles occurs from our 30s onward, basically a few percent per decade.

But by the time we get into our 50s, 60s and 70s For many, many people, this is a quite serious reduction and will keep our bodies unable to prevent a fall in the first instance or somehow mitigate a fault to keep us from fracturing or having other serious injuries like a skull injury and a brain bleed that we're so concerned about.

Have you made it past menopause or are you going through it now? I'm Dr. Pat McShane and on the Women's Health Span Voices podcast, I'll guide you through the menoppausal transition and beyond.

Helping you to thrive in this powerful time of your womanhood. Hello and welcome to Women's HealthSpan Voices. Today I want to talk about a very important subject that is the major cause of accidental injuries and mortality in senior women, and that's falls.

Perhaps we have not ourselves experienced a fall, but are aware of a family member or friend who has and who have suffered serious consequences from falling.

Fall Statistics and Major Risk Factors

In fact, I want to read some of the data from the Center for Disease Control and Prevention, the CDC, and that is that approximately one in four Americans over age 65 will experience a fall annually each year.

and senior women have a higher incidence than men. Women are less likely to die from their falls, but they have huge number of injuries that are quite significant in most people.

And the cost of falls, non-fatal falls each year is about $80 billion. And for an individual experiencing a fall, the costs of the emergency care is around $26,000, with post-acute care, is the biggest piece of this cost.

So it's tremendously costful, both financially and in terms of our lifestyle and our ability to get around after a Many risk factors for falls are beyond our control and they include such things as having diabetes and neuropathy in our lower extremities, having stroke, poor vision, heart disease, and other causes of blood pressure issues or arthritis.

But there certainly are things that are within our controls and that's what we're going to spend the bulk of our time today talking about. Another risk factor, as I mentioned, is being female.

And it's unclear exactly why that is, but some of the risk factors that are preventable may impact on that, such as choice of footwear and so on. Also, just being older.

So the older you are, the more likely you're to experience a fall. Certainly, dementia is a major contributor to fall risk. And again, we have talked about that in a number of our other podcasts.

There are some aspects of that that are preventable, but if you have full-flown dementia, there isn't much you can do about it at that time. I want to move now to talk about some of the things that under our control.

And one of the main ones is medications. And a number of medications that are commonly prescribed to older women may cause drowsiness, confusion, or dizziness.

That includes a lot of common medications people may be taking. people who are taking four or more medications are more likely to experience these side effects.

That is something to definitely talk about with your healthcare provider, your doctor, or your nurse practitioner. And I have a previous podcast that I did on medication tapering or overprescribing and how you can try to trim down your medication list.

Controllable Risks: Medications and Home Hazards

There's some new data about thyroid medicine, for example, that many, many people who have chronically been on thyroid medication may come off of it, but don't do that on your own.

Make sure you are talking with your practitioner, and in most cases, tapering the dose rather than stopping abruptly. Home hazards are another major contributor to fall risk.

Some of these are pretty obvious, such as dark stairways or slippery rugs. There's an entire section of the CDC website on falls that goes through how to scan through your home and correct things that can easily be corrected.

Things such as inserting a non-slip rug in your shower, a nonslip mat in our shower are fairly easy, inexpensive, and often prevent falls. And just keeping clutter from being in the way of pathways that we older people may be taking.

Good lighting is huge throughout the home, not just an occasional dark spot, but turn on the light if you have to get up in hit an object or a structural part of your home that you weren't able to avoid at that time.

Another thing that's quite under our control is our balance. And besides the topics of cardio exercise or aerobic exercise and resistance training, strength training that we talk about so often on these podcasts, balance is another key component.

And there are a number of simple exercises that can be done that will, in fact, improve our balance. We just have to do them pretty consistently to get ahead of the curve.

And again, there's many, many options on our YouTube platforms and other platforms about balance exercises for seniors. and we're talking a couple minutes here.

This is not a major investments like aerobic activity that we are needing to do for 20 minutes a day basically, but rather something that can be done a few times a week maybe or even just intermittently through the day when you're brushing your teeth or waiting for a bus or on the phone with somebody on hold.

You can do one leg standing or various things that you can easily access.

Balance, Bone Density, and Muscle Strength

Two other items that are critical for our fall risk is our bone density, because if we have poor bone densities, sometimes a spontaneous fracture can occur, or if do fall, a fracture may occur that would have been avoidable if had had better bone-density.

So if you're not sure of what your bone density is, talk to your provider about getting a DEXA scan. And if know that you have low bone-density, you should be working on a number of different ways of combating that.

Again, I have a recent podcast on one method that involves using particular machines that will impact on four major areas, and that's a proprietary platform called Osteostrong.

And many individuals have been shown to increase their bone density. There are medications and certainly dietary aspects of increasing our bone intensity as well.

Another piece of keeping our body in good shape to both avoid falls and prevent serious injuries from falls is sarcopenia or lack of muscle. Loss of muscles occurs from our 30s onward, basically a few percent per decade.

But by the time we get into our 50s, 60s and 70s For many, many people, this is a quite serious reduction and will keep our bodies unable to prevent a fall in the first instance or somehow mitigate a fault to keep us from fracturing or having other serious injuries like a skull injury and a brain bleed that we're so concerned about.

So, what can you do to improve your muscle strength? Well, we just talked about it, basically. We all should be doing cardio exercise, aerobic exercise to keep our hearts in good shape.

And that's part of the way down the path. The other half is some kinds of resistance, and it needn't be complicated. bands, body weight, certainly going to the gym and using machines or serious weights, barbells and so on is a good option.

But for many of us, that's not practical or desirable, but there's plenty of other things. Again, online you can find these exercises. I strongly encourage people to work with a trainer so they're knowing how much weight to use, how many reps, and basically not get injured but get maximum benefit for their muscle mass.

So that's about sarcopenia or lack of muscle. Another aspect of falls is hearing loss and none of us wants to be wearing hearing aids But many people who can and should be using hearing aids are not.

And that turns out to be a bad idea as far as fall risk. It's not clear exactly what the mechanism is, but somehow your hearing improves your spatial awareness.

in the area that you are. It improves your ability to focus on the task at hand. So if you're walking down a flight of stairs or navigating curbs, it's better to be able to hear clearly what's going on in order to make the proper movements.

So if you haven't had your hearing tested, but you think that could be a problem, again, go back to your primary care provider or a hearing specialist directly.

Hearing, Vision, and Continence

And if they tell you, man, you could sure use some hearing aids, it's probably a good idea to be fitted for them and actually wear them. Some new legislation has made obtaining hearing aides less costly with Medicare, which many of us have.

little of a barrier as it can be, a lower barrier than it has been in the past. Same thing basically for vision. I know many of us don't appreciate wearing glasses or contacts or having surgery for our eye conditions, but Again, if your vision hasn't been checked regularly or if they're telling you in the eye doctor office that you really should be wearing glasses, it's not a bad idea to wear them to avoid falling, especially under darker conditions.

And again, there's different mechanisms that are at play here that basically mean that we need our senses as much as possible to be aware of the environment that were in and to avoid falls and certainly serious falls.

If you're suffering from incontinence and sometimes have to make a mad dash for the bathroom or get up two or three times at night. This is something that may be a preventable risk as well.

Again, go through your primary care and see what can be done to improve your continence. And for many older women, That may involve vaginal estrogen to avoid urine problems, problems with their urinary tract that may cause urination frequency or a little bit of urgent continence.

So I encourage you to pursue that issue with the right folks on your team as well. Alcohol. Obviously, I think that's pretty clear for most people diminishes our ability to concentrate and avoid falls.

And that something to be resisted as much as possible for our overall health and for fall risks, certainly. We've talked on this channel on a previous podcast about sleep issues and poor sleep, of course, can lead to confusion and dizziness if it's not corrected.

So that's something that is under our control in many, many instances. Please look back on my last podcast on sleep and see if there's anything in that information that can be helpful.

And again, there's lots and lots of information about basic sleep hygiene if you haven't gone down that road very far and you're just getting started.

Alcohol, Sleep, and Vitamin Support

If you've been on the poor sleep path for a while and have tried a number of different things, again talk to your medical team about what might be done or even a sleep expert.

And finally, regarding Prevention, one of the things that I firmly advocate for most of us is having our vitamin D level checked and taking vitamin B supplementation if we're not in the correct range.

Because again, this impacts on our bone density and perhaps even our fall risk directly. The data on that is a little bit back and forth. But certainly if you do fall, you want to have the strongest bones you can have and vitamin d is helpful in that regard.

If you have had a serious fall, you or someone in your family, there's a number of things that should be checked in that typically are not in, let's say, an emergency room.

If go in and they say oh you're okay, we did some x-rays and go home, but you are clear about why you had this new fall. One of the things is deterioration of your vision, for example, that you might not have been aware of.

Another issue is maybe you a new heart problem. or a new neurological problem. So if it's something that is really inexplicable, you probably should go back to your primary care and say, wait a minute, I had an unexplained fall.

I'm not sure what happened. And I just kind of found myself on the ground or banged into something. Check it out with them and they may do some blood work or get a cardiogram or other kinds of studies to rule out some of these other issues that may have arisen since you were last evaluated in the office.

Another topic that comes up from time to time is blood pressure issues, and I Full disclosure here, I have low blood pressure upon standing up and a number of people do.

It's quite common as we get older and we may just feel a little bit of dizziness and then suddenly be on the floor without much warning.

Evaluating Unexplained Falls and Prevention Evidence

So that's something that might be checked out in a doctor's office if you haven't had that test before, and you might just start observing that pattern in yourself and maybe get up slowly and so on in an effort to try to avoid falls if that is what you think is going on with you.

So going through this long list of avoidable or preventable issues, we can say, well, does that work? In the Chinese study that was performed recently, I'm going to again read this.

This was a 2010 study demonstrated that education about fall prevention and exercises consisting of balance and functional exercises led by rural primary health clinicians was associated with the lower proportion of participants who reported falling during study follow-up, and it was a 10% reduction from around 30% in the intervention group to almost 40% In the control group.

So at least in a Chinese population, these approaches seem to be productive. I encourage you to follow through on some of these issues to avoid one of the most major causes of injury and even mortality in older women.

Hopefully you got some benefit from this podcast and I encouraged you friends and family about this channel as

well. Thanks for being with us and we'll see you again soon.

If this episode spoke to you, please share it with a friend ready to take charge of her health. And please leave a review. It helps more people to find us.