

Question:

Should elderly patients with mental health issues be withdrawn from psychotropic medications in order to prevent falls?

Summary:

Falls are a leading cause of mortality and morbidity in the elderly. Not only is the older population at an increased risk due to physical decline, but falling is also exacerbated by mental health conditions among the already vulnerable group. Mental illnesses such as dementia, depression, mania, and anxiety, as well as treatment for these conditions with psychotropic medications also increase fall risk. “The Centers for Disease Control and Prevention developed an algorithm to aid in the implementation of the American Geriatrics Society/British Geriatrics Society guideline. The algorithm suggests assessment of multifactorial intervention for those who have had two or more falls or one fall-related injury. Multifactorial interventions should include exercise, particularly balance, strength, and gait training; vitamin D supplementation with or without calcium; management of medications, especially psychoactive medications; home environment modification; and management of postural hypotension, vision problems, food problems, and footwear.” (Mire, 2017) Research from the *American Geriatrics Society* suggests not using benzodiazepines or other sedative-hypnotics in older adults as a first choice for insomnia, agitation, or delirium. Benzos, which may be used to treat conditions such as anxiety, seizures, and insomnia are not recommended because of the increased risk of falls related to side effects. These include: drowsiness, confusion, dizziness, impaired coordination, and delirium. A study performed by *European Geriatric Medicine* found that falls are not only associated with psychotropic drug use but also with polypharmacy. “Taking four or more medications is associated with increased fall rates by 18% in those over the age of 60. Older people living at home who take psychotropic drugs are up to 1.62 times more likely to fall.” (Izza, 2020) Antipsychotics are associated with a higher risk of hip fractures and a higher risk of patient mortality for those with dementia. “Monitoring the effect and adverse effects of psychotropic drugs is an important part of treatment, and discontinuation should be considered when possible due to the odds for severe adverse effects of such drugs in people with dementia.” (Lornstad, 2019)

Conclusion:

In conclusion, because the elderly population with mental health issues are at an increased risk for falls, it has been proven beneficial to reduce or withdraw the use of psychotropic medications. Side effects of these drugs will further impair their physical capabilities. “Deprescribing of medications in residents with increased falls risk is encouraged. Psychotropic medications are known to increase falls in older adults.” (Izza, 2020) Safety assessments and functional ability should be performed regularly in order to aid in the safety of the vulnerable population. The combination of multiple fall risk interventions is the best way to promote the prevention of falls. “Nurses can be patient advocates and request safer options to inappropriate drugs. The interdisciplinary team members need to address drug management, strength, balance, and gait for older adults receiving psychotropic drugs.” (S, 2016) It should be noted that research on the inpatient mentally ill population is limited. More studies are needed in order to determine how effective and beneficial it is to withdraw the use of psychotropic medications from the mentally ill elderly population.

Work Cited:**Primary**

Mire, L. V. V. M. G. (2017, August 15). *Preventing Falls in Older Persons*. American Family Physician. <https://www.aafp.org/afp/2017/0815/p240.html>

Secondary

Izza, M. A. D. (2020, August 19). *Polypharmacy, benzodiazepines, and antidepressants, but not antipsychotics, are associated with increased falls risk in UK care home residents: a prospective multi-centre study*. SpringerLink. https://link.springer.com/article/10.1007/s41999-020-00376-1?error=cookies_not_supported&code=f6e23280-0424-4413-94b1-7cb324976475

Tertiary

Lornstad, M. T. (2019, April 25). *Prevalence and persistent use of psychotropic drugs in older adults receiving domiciliary care at baseline - BMC Geriatrics*. BioMed Central. <https://bmccgeriatr.biomedcentral.com/articles/10.1186/s12877-019-1126-y>

S, A. (2016, April 15). *Factors Contributing to Psychiatric Patient Falls*. OMICS International. <https://www.omicsonline.org/open-access/factors-contributing-to-psychiatric-patient-falls-2161-0711-1000410.php?aid=72193>