

Multifactorial falls-assessment table for older adults
organized by modifiable domains. It is suitable for primary care, geriatric medicine, or post-fall review.

Classification	Common causes / risk factors	Physician assessment	Actions to reduce falls
Medications	Benzodiazepines/Z-drugs; opioids; antipsychotics; antidepressants; anticonvulsants; antihypertensives; diuretics; anticholinergic burden; polypharmacy; alcohol–drug interactions	Full medication reconciliation including OTC agents; identify recently started/escalated drugs; assess sedation, cognition and postural BP	Deprescribe where appropriate; reduce doses; avoid unnecessary CNS-active drugs; simplify regimen; review antihypertensive intensity; pharmacist medication review
Cardiovascular / syncope	Orthostatic hypotension; vasovagal syncope; bradyarrhythmia/tachyarrhythmia; aortic stenosis; carotid sinus hypersensitivity	Clarify whether true mechanical fall vs syncope; prodrome, palpitations, exertional symptoms; lying/standing BP; pulse and cardiac examination	Correct dehydration/medication contributors; treat symptomatic orthostasis; ECG ± rhythm monitoring; investigate/treat suspected structural or rhythm disease
Gait, balance & muscle weakness	Frailty; sarcopenia; deconditioning; impaired balance; abnormal gait; arthritis; previous stroke; Parkinsonism; peripheral neuropathy	Observe gait and transfers; Timed Up and Go or equivalent; lower-limb strength; neurological and musculoskeletal examination	Physiotherapy; progressive strength and balance training; appropriate walking aid; treat contributing neurological/MSK disease
Vision	Cataract; macular degeneration; glaucoma; poor visual acuity; inappropriate glasses; multifocal lenses	Visual acuity; ask about recent visual deterioration and eyewear	Optometry/ophthalmology review; cataract treatment where indicated; optimize prescription; consider single-lens distance glasses for outdoor mobility in appropriate patients
Feet & footwear	Foot pain; deformity; ulcers; neuropathy; poorly fitting/slippery footwear	Examine feet, sensation and footwear	Podiatry where appropriate; treat painful pathology; recommend well-fitting, stable, low-heeled footwear with adequate grip
Neurological	Parkinson disease; stroke/TIA sequelae; peripheral neuropathy; vestibular disorders; cerebellar disease; seizures	Full neurological examination; characterize dizziness carefully; look for focal signs, Parkinsonism, proprioceptive loss and vestibular features	Treat underlying disorder; targeted rehabilitation; physiotherapy; vestibular rehabilitation where appropriate
Cognitive / psychiatric	Dementia; delirium; depression; impaired judgment; agitation; fear of falling	Cognitive and delirium assessment; collateral history; mood; determine circumstances of falls	Identify reversible delirium causes; optimize dementia/depression management; reduce psychoactive medication where feasible; supervision/environmental strategies
Environmental	Loose rugs; clutter; stairs; poor lighting; slippery bathroom; inappropriate bed/chair height; absent rails	Ask specifically where and during what activity falls occur; consider occupational therapy/home assessment	OT home-safety assessment; remove trip hazards; improve lighting; handrails/grab rails; bathroom modifications; appropriate mobility equipment
Bone health / consequences	Osteoporosis; previous fragility fracture; vitamin D deficiency in at-risk individuals	Fracture history; osteoporosis risk assessment; consider DXA/FRAX or locally recommended tool	Treat osteoporosis when indicated; ensure adequate calcium/vitamin D according to clinical context; fracture-prevention strategy. This reduces <i>injury from falls</i> more than the occurrence of falls itself

Classification	Common causes / risk factors	Physician assessment	Actions to reduce falls
Metabolic / systemic illness	Dehydration; anemia; electrolyte disturbance; hypoglycemia; infection; thyroid disease; acute illness	History/exam should direct investigations; hydration and nutritional assessment	Treat identified cause; avoid indiscriminate laboratory panels; review diabetes therapy if hypoglycemia is occurring
Urinary / nocturnal factors	Urgency, nocturia, rushing to toilet; sedating night medication	Ask whether falls occur overnight/on route to toilet; LUTS history	Treat reversible urinary contributors; review diuretic timing; night lighting; clear route to toilet; bedside commode where appropriate
Nutrition / frailty	Malnutrition; weight loss; low protein intake; frailty	Weight trajectory, appetite, functional status; frailty/nutritional screen	Dietetic input; adequate protein/energy intake; resistance exercise; address underlying cause of weight loss
Behavioral / functional	Risky transfers; inappropriate mobility aid use; fear of falling → inactivity → deconditioning	ADLs, transfers, mobility aids, confidence/fear of falling	PT/OT assessment; teach safe transfers and aid use; graded activity and balance/strength programs

FALLS RISK

	Domain	Think of...
F	Feet & footwear	Foot pain/deformity, neuropathy, inappropriate shoes, walking aids
A	Autonomic & cardiovascular	Orthostatic hypotension, arrhythmia, syncope, dehydration
L	Locomotor	Muscle weakness, sarcopenia, arthritis, gait and balance impairment, Parkinsonism/stroke
L	Low vision	Cataract, glaucoma, macular disease, inappropriate glasses
S	Surroundings	Rugs, clutter, stairs, poor lighting, slippery/uneven surfaces
R	Rx (medications)	Sedatives, psychotropics, opioids, antihypertensives, anticholinergics, polypharmacy
I	Illness	Infection, anemia, hypoglycemia, electrolyte disturbance, acute illness
S	Sensorium & neurological	Dementia, delirium, peripheral neuropathy, vestibular disease, seizures
K	Keen-to-go / continence	Urgency, nocturia, rushing to the toilet, especially overnight

CAUSES OF FALLS IN THE ELDERLY

Falls are usually caused by a combination of factors. Identifying and addressing them can help prevent falls.

1. MEDICATIONS



- Sedatives / sleeping pills
- Blood pressure medicines
- Pain relievers (opioids)
- Antidepressants
- Multiple medications

Review medications regularly. Reduce or stop medicines that increase fall risk.

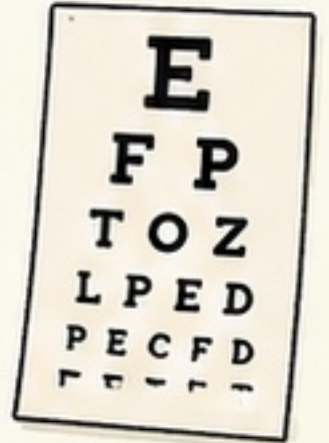
2. BALANCE & MOBILITY PROBLEMS



- Muscle weakness
- Poor balance
- Arthritis / joint pain
- Parkinson's disease
- Previous stroke

Stay active. Strength and balance exercises. Physical therapy. Use appropriate walking aids.

3. VISION PROBLEMS



- Poor eyesight
- Cataracts
- Glaucoma
- Wrong glasses

Regular eye exams. Update glasses. Treat eye conditions.

4. CARDIOVASCULAR ISSUES



- Low blood pressure (especially when standing)
- Irregular heartbeat
- Dizziness / fainting

Check blood pressure. Treat heart conditions. Stay hydrated.

5. NEUROLOGIC CONDITIONS



- Dementia / cognitive impairment
- Peripheral neuropathy
- Seizure disorders
- Dizziness / vertigo

Manage underlying conditions. Review symptoms with your doctor.

6. ENVIRONMENTAL HAZARDS



- Poor lighting
- Loose rugs / clutter
- Slippery floors
- Stairs without rails
- Uneven surfaces

Make the home safer. Remove hazards. Install grab bars and handrails. Use night lights.

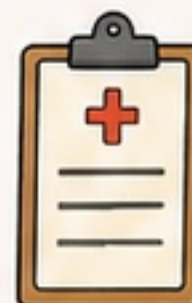
7. FOOT & FOOTWEAR



- Poorly fitting shoes
- High heels / slippers
- Foot pain or deformities
- Neuropathy

Wear supportive, non-slip footwear. Treat foot problems.

8. MEDICAL CONDITIONS



- Anemia
- Diabetes (low blood sugar episodes)
- Dehydration
- Infections

Manage chronic illnesses. Stay hydrated. Eat a balanced diet.

9. OTHER FACTORS



- Urgency to toilet (especially at night)
- Alcohol use
- Fatigue
- Fear of falling

Plan ahead for nighttime toileting. Limit alcohol. Get adequate rest. Build confidence.



KEY TAKEAWAY

Falls usually have multiple causes. A comprehensive assessment and personalized plan can significantly reduce fall risk.

