

Benefits of a falls service during the pandemic

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Introduction

The COVID-19 pandemic has caused disruption to various services across the healthcare system. The falls service, which was well supported in the pre-pandemic period, came under increasing pressure during the pandemic. Despite the challenges, we were able to run a modified service, which was vital in improving the care of people who are frail by decreasing falls and hospitalisations.

Aim

We aimed to evaluate the value of the falls service by reviewing the interventions carried out.

Methodology

We reviewed 52 patients who presented to the falls service in 2020. Both electronic and paper records were reviewed and interventions assessed.

Findings

We undertook interventions in all patients. Out of the 52 patients, 49 were alive at the end of the year. Most of our patients (44/52) were in the 70–89 years age group. A majority (44/52) were referred in from general practitioners. Most were living in private accommodation, with only six residing in care homes.

Almost all (45/52) had a medication intervention. These included the adjustment of Parkinson's medications (n=3), stopping or decreasing the dose of beta blockers (n=8), calcium channel blockers (n=5), and antidepressants (n=6). Other medications stopped or reduced included statins, tramadol, diuretics and digoxin. Other interventions included altering the time of administrations for angiotensin-converting enzyme (ACE) inhibitors (n=6) and tamsulosin (n=2).

Fourteen patients were started on vitamin D, seven on protein supplements, three on folate supplements and two on iron supplements.

In six patients, new abnormalities in the spine (including spinal stenosis) were found and referrals made to the neurosurgical team. Three patients were newly diagnosed with Parkinson's disease. Other new neurological conditions found in the falls service include normal pressure hydrocephalus, vertigo, stroke and meningioma.

Two patients were found with new atrial fibrillation and began on oral anticoagulation. Two were found to have bradycardia and were referred to cardiology for consideration of a pacemaker. Other new cardiac diagnosis included aortic stenosis, mitral stenosis and a patient with ventricular tachycardia.

Other diagnoses found for the first time included sleep apnoea and rheumatoid arthritis. Referrals were also made to the orthopaedic team for osteoarthritis in one patient and ankle injury in another, and to the ophthalmologist for cataract removal.

All patients were assessed for bone protection. Four were begun on an oral bisphosphonate, three on zoledronate and two on denosumab.

Multidisciplinary interventions included issuing of a new frame in four patients, foot splint in one patient, a referral to the orthotic department in one patient and a referral to podiatry in one patient.

Other new conditions picked up were cognitive impairment in four patients, iron deficiency in three and hypothyroidism in one patient.

Discussion

The falls service is a valuable resource in the assessment of a person who is frail. It offers a comprehensive assessment. Despite the challenges of the pandemic, we were able to deliver patient-centred multiprofessional care. ■

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