Medications and the Risk of Falling

Which drugs can increase the risk of falls?
In theory ANY drug that causes one of the following effects can increase the risk of falling:

- Drowsiness
- Dizziness
- Hypotension
- Parkinsonian effects
- Ataxia/gait disturbance
- Vision disturbance

As well, theoretically ANY drug that causes the following effects can increase the risk of a serious outcome if an individual falls:

- Osteoporosis or reduced bone mineral density: Increased risk of fracture if a fall occurs
- Bleeding risk: Increased risk of a cerebral hemorrhage if a fall occurs

What can be done if you are taking a drug that can increase the falls risk?

Individualize treatment. Drugs are just one of many factors that can increase the risk of falling.

Assessment: Are you at high risk?

- Have you had a slip, trip, near fall or fall in the last 6 months?
- Are you taking a drug that can cause the effects listed above (see attached list of drugs)
- Are you taking a high dose of the drug?
- Are you displaying any of the adverse effects listed above, such as drowsiness?
- Are you over the age of 65? Elderly patients may be more sensitive to adverse drug effects because of alterations in the way that the body absorbs, distributes or eliminates the drug.
- Are you taking more than one drug that increases the falls risk?
- Are you at high risk of falling for other, non-drug reasons?
- Is it difficult for you or your doctor to monitor for an adverse drug effect?

Consider intervention, especially if you have assessed the patient as high risk:

- Consider risk/benefit ratio: Does the benefit of the drug outweigh a possible risk of falling?
- Is there a safer drug or non-drug alternative?
- Is it possible to minimize the dose without losing the benefit of the drug?
### Medications and the Risk of Falling

Examples of drugs that can increase the risk of falling, or of a serious outcome if a fall occurs (and possible mechanisms)

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<thead>
<tr>
<th>Medication Group</th>
<th>Example Drugs</th>
<th>Possible Mechanisms</th>
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| **ACE Inhibitors** | Benazepril, Captopril, Cilazapril, Enalapril/Enalaprilat, Fosinopril, Lisinopril, Perindopril, Quinapril, Ramipril, Trandolapril | (1) Drowsiness; (2) Dizziness; (3) Hypotension; (4) Parkinsonian effects; (5) Ataxia/gait disturbance; (6) Vision disturbance; (7) Osteoporosis or reduced bone mineral density increases the fracture risk if a fall occurs; (8) Risk of serious bleeding if a fall occurs. |}
| **Alcohol** | (1,5) | |}
| **Alpha Receptor Blockers** | (2,3, especially initial doses) | |}
| **Anticoagulants** | (8) | |}
| **Anticonvulsants** | (1,2,5,6,7) | |}
| **Antidepressants** | (1,2,3,6) | |}
| **Antipyschotics** | (1,3,4) | |}
| **Antitussives** | | |}
| **Corticosteroids, oral** | (7) | |}
| **Corticosteroids, inhaled, high-dose** | (7) | |}
| **Cough Suppressants** | (6) | |}
| **Diuretics** | (6) | |}
| **Drowsiness-inducing Medications** | (6) | |}
| **Eye Drops** | (6) | |}
| **Herbal and Natural Health Products** | | |}
| **Muscle Relaxants** | (1,2) | |}
| **Proton Pump Inhibitors** | (9) | |}
| **Sedative/Hypnotics** | (1,2) | |}
| **Sedative/Hypnotics and Benzodiazepines** | (1,2,5) | |}
| **Thiazolidinediones** | (7) | |}