Falls and fragility fracture secondary prevention pathway
V3 May 2009

Department of Health

1.00: Fall +/- fragility

1.60: Escalation thresholds & decision aids

1.70: Red Flags
Head Injury - treat first esp if on Warfarin then focus on fall

1.10: Case finding for falls & fractures
Ask older people if they have fallen in the last year. If gait & balance problems or 2 + falls or long lie, injury or hospital attendance then need initial Ax (NICE)

1.20: Incidence & Prevalence
80,000 hip # per yr
200,000 non hip # ie wrist, arm, shoulder, ankle. Nursing homes 50% of care home residents fall once per yr, 40% fall twice

1.30: Primary Prevention & Self Care
Participating in exercise - keeping active. Regular eye checks, safer footwear & walking aids, home hazards, regular health checks & meds review & visual assessment
Refer to local falls contact & Help the Aged website

1.40: Local Falls Service
To review & adjust medicines with care homes - can result in cost savings to prescribing budgets & increase compliance in patients

2.00: Initial Assessment
Components of assessment set out as per NICE guidance eg medication, gait & balance assessment
Awareness of co-morbidities.
Visual Assessment
Initial assessment includes screening for bone health as per NICE guideline

2.10: Decision aids
DXA scan protocol
Fracture risk scores eg FRAX

2.20: Diagnostics (Dx)

- 2.21: No diagnostic required
- 2.22: Imaging Plain X-rays
- 2.23: DXA scan Direct referral according to protocol
- 2.24: Basic Blood Tests & ECG Also screen for UTI

2.30: Decision aids
Gait & Balance screening criteria

2.40: Treatments (Tx)

- 2.41: Info, reassurance, self help Info eg - Local falls contact - Local information leaflets e.g - Help the Aged information
- 2.42: Active monitoring For pts at risk of further falls - to mainatain indepen - dence & monitor further deterioratio inc case managment
- 2.43: Physical or / & occupationa therapy Assesment / treatment / home hazard modificatior Routine physio Tx
- 2.44: Strength & balance training Individually prescribed evidence based programme according to pt need. Sufficient frequency / duration
- 2.45: Mx Review Adjust drugs that increase falls risk Full Mx review
- 2.46: Bone strengthening drugs Bisphosphonates +/- Calcium & Vit D as per NICE / NOGG Guidelines

2.50: Pro-active PCT & patient led ongoing prevention strategies
Ongoing self led exercise - eg New Zealand programme. Cochrane review

2.60: Escalation Thresholds & Remote advice
Locally agreed referral criteria +/- Dx doubt

2.70: Red Flags
CA ,Wt loss , acute illness or rapid deteriortaion

3.00: Specialist Falls Assessment & Treatment
History and clinical assessment as per NICE guideline
Visual Assessment
Gait & Balance Assessment
Medication review

3.10: Decision aids
DXA scan protocol & Syncope protocol

3.20: Diagnostics (Dx) & Assessments (Ax)

- 3.21: No diagnostic required Most patients will not require complex if any diagnostics
- 3.22: Blood Tests & ECG CVS - for fainting eg 24hr ECG Baseline bloods & ECG for most pts
- 3.23: Brain Imaging Eg for gait / balance / movement problems or cognitive impairment
- 3.24: Bone Health Assessment Imaging DXA scan Bone scan if ?CA Falls risk tool eg PARR

3.30: Treatment thresholds Specialist signposting

3.40: Definitive Treatments (Tx)

- 3.41: Info, reassurance, self help Give info such as - Local falls contact e.g NOS leaflets Advice on driving
- 3.42: Syncope service Intervention: for cardiac syncope eg pacing or drug therapy
- 3.43: Physical or / & occupationa therapy Assesment / treatment / home hazard modificatior Non specific exercise programme
- 3.44: Strength & balance training Individually prescribed evidence based programme according to pt need. Sufficient frequency / duration
- 3.45: Drug therapy For specific conditions
- 3.46: Vestibular services Eg Epleys manouevere & Hallpike, vestibular rehab

3.50: Compliance support
Refer back to 2.50 plus compliance support with medication & specialist follow up for selected patients eg post pacemaker. Follow up closer to the patients home is preferable in most cases

3.60: Escalation thresholds & decision aids

4.00: Specialist Bone Health Assessment & Treatment Service
Complex bone health assessments & diagnostics requiring specialist bone health advice, treatments and interventions

4.10: Decision aids
Agreed local protocols plus NICE / NOGG

4.20: Diagnostics (Dx)

- 4.21: Investigation For meta - bolic bone disease, renal disease, malab - sorption
- 4.22: Imaging Isotope bone scans, CT / MRI
- 4.23: DXA scan Inc repeat scans for pt monitoring
- 4.24: CA investigation For myeloma or metastases

4.30: Treatment thresholds & decision aids NICE / NOGG

4.40: Definitive Treatments (Tx)

- 4.41: Cancer treatment For eg myeloma. Treatments include radiotherapy/ oncology
- 4.42: Second line therapies For complex / non responding disease. Exercise programme
- 4.43: Symp -tomatic treatments Eg analgesia, physio - therapy
- 4.44: Medication Bisphos - phonates, +/- Vitamin D & Calcium
- 4.45: Pre interventional assessment
- 4.46: Surgical intervention Eg vertebroplasty, kyphoplasty

4.50: Rehabilitation, Review & QoL measurement
Follow up patients after intervention eg vertebroplasty / kyphoplasty.
Consider the need for oesteoporosis treatment.
Early mobilisation, strength & balance programme to stop future falls and improve bone density & promote patient activity & confidence.

5.00

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