

# FALL-INCREASING DRUGS (FRIDS) AND FALL-RELATED FRACTURES

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## BACKGROUND AND IMPORTANCE

Falls are a major public health issue, often resulting from interacting risks, with the use of fall-risk-increasing drugs (FRIDs) being one of the prominent risk factors. Falls carry a high risk of functional dependence, hospitalization, institutionalization, and mortality.<sup>1</sup>

STOPP falls was developed through a Delphi process involving European experts, resulting in an agreed-upon list of FRIDs.<sup>2</sup> Consensus for inclusion was reached for anticholinergics, diuretics, alpha-blockers used as antihypertensives, opioids, antidepressants, antipsychotics, antiepileptics, benzodiazepines and benzodiazepine-related drugs, centrally-acting antihypertensives, alpha-blockers for prostate hyperplasia, antihistamines, and vasodilators used in cardiac diseases, overactive bladder, and urge incontinence.

## AIM

Characterize FRIDs prescription profile in fall-caused admissions in an Orthopaedics department.

## METHODS

All patients aged 65 years or over, admitted to Orthopaedics service, with a diagnosis of fracture due to a fall between 01/01/2023 e 30/06/2023



Sociodemographic data and medication history were obtained using electronic medical record.

## RESULTS

154 patients

78%

22%

Average age:  
83 years

### NO. USUAL MEDS/PATIENT

49%  
5-9 meds

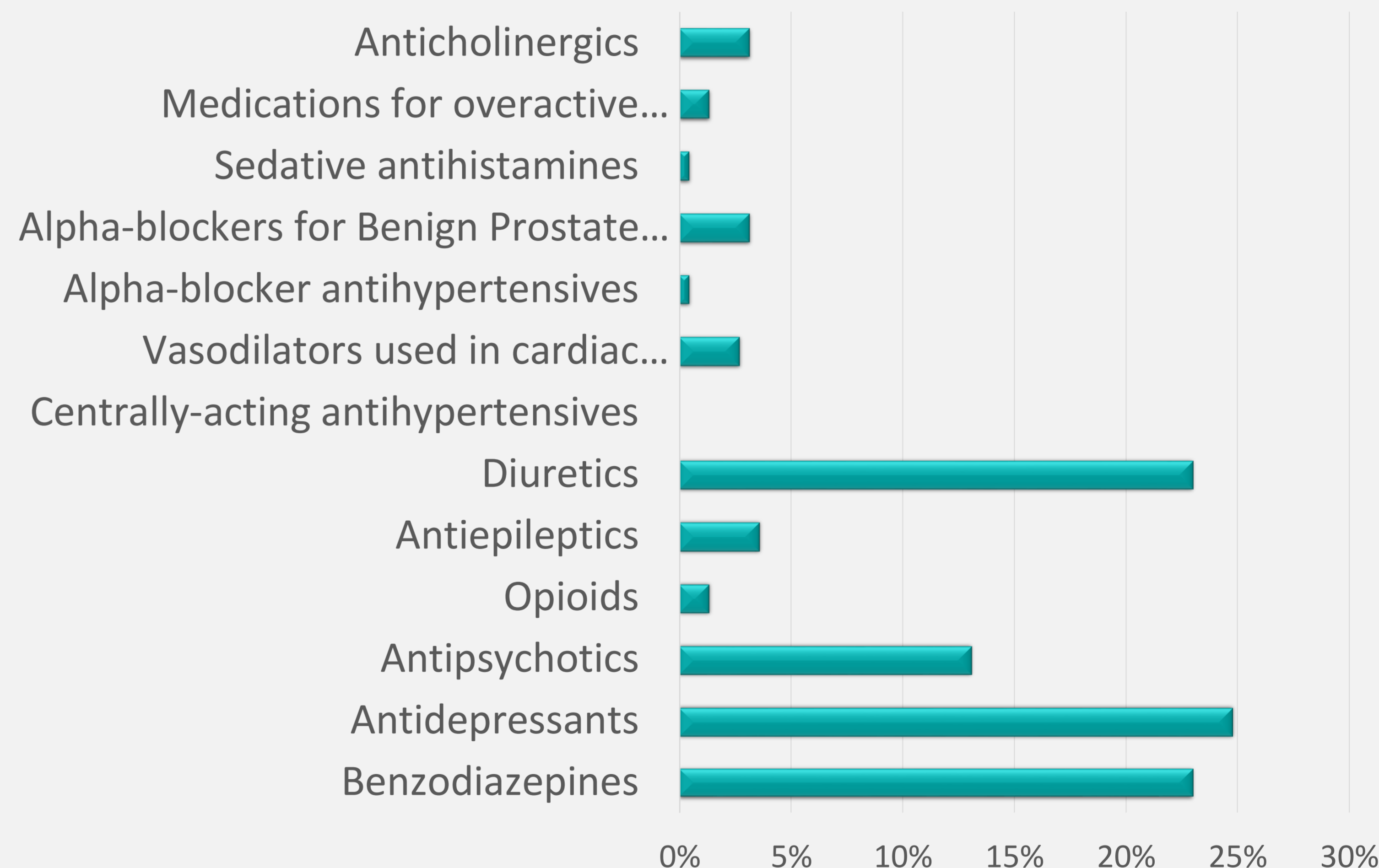
41%  
≥10 meds

10%  
1-4  
meds

222 FRIDs prescriptions

1,44 FRIDs prescribed/patient

### FRIDS PRESCRIBED



## CONCLUSIONS AND RELEVANCE

The number of FRIDs per patient is lower than in other studies (1.44 vs 2.6), even though the most commonly prescribed drug classes are similar. Regarding age and gender, the results are similar to those of the Spanish study. One limitation is that only data about the number of FRIDs were assessed, without considering the defined daily dosage of each drug. This latter hypothesis might have provided a better understanding of whether drug dosage affects the risk of falls.

It is important to promote FRIDs desprescription. Therefore, the upfront use and dissemination of desprescribing tools as STOPFalls among healthcare professionals should be encouraged alongside with a multifactorial strategy to reduce falls.

## REFERENCES

<sup>1</sup> Correa-Pérez A, Delgado-Silveira E, Álvarez SM, et al. Prevalence of polypharmacy and fall risk increased drugs at discharge in fall related hip fracture elderly patients European Journal of Hospital Pharmacy 2017;24:A249.

<sup>2</sup> Milos, V., Bondesson, Å., Magnusson, M. et al. Fall risk-increasing drugs and falls: a cross-sectional study among elderly patients in primary care. BMC Geriatr 14, 40 (2014). <https://doi.org/10.1186/1471-2318-14-40>