

February 9, 2011

Bruce N. Calonge, MD
Chair, United States Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

RE: USPSTF Draft Recommendation on the Prevention of Falls in Older Adults

Dear Dr. Calonge:

The undersigned members of the National Falls Free[®] Coalition, Advocacy Workgroup applaud the efforts of the United States Preventive Services Task Force (USPSTF) in tackling a difficult review. We are writing in response to the invitation to submit comments on the draft update of the USPSTF Recommendation Statement on the Prevention of Falls in Older Adults. We are a diverse group of organizations representing professional associations and the aging services network with an interest in insuring that there is a reduction in falls among older adults. We also represent 32 states that have coalesced around this growing public health issue. We very much appreciate this opportunity to provide feedback.

We have reviewed the USPSTF recommendations in conjunction with the guideline, *AGS/BGS Clinical Practice Guideline for Prevention of Falls in Older Persons* that the American Geriatrics Society (AGS) and the British Geriatrics Society (BGS) put forward in the spring of 2010. Those guidelines and our own ongoing collaboration with the CDC's National Center for Injury Prevention and Control and other federal agencies working to address this issue have influenced our four year efforts to bring greater awareness to the issue, education and training to providers, and investment in evidence-based interventions in local communities. To that end, we suggest the following:

- The title should reflect that the focus of this review is on primary care-based interventions.
- It would be helpful to provide a description of what is meant by "Primary Care" (i.e., define and operationalize the term "primary care").
- The AGS clinical guidelines recommendations should be highlighted to a greater extent than they are. (See RECOMMENDATIONS OF OTHERS located at the end of the document. It includes the AGS statement that "detecting a history of falls is fundamental to a falls reduction program" and the recommendation that "all older Americans be asked about falling once a year"). Thus the AGS/BGS Guideline for Prevention of Falls in Older Persons differs from the USPSTF recommendation in that the AGS/BGS Guideline

offers a stronger and more detailed recommendation for when it is appropriate to conduct multifactorial fall risk assessment and management:

- Older persons who: 1) present for medical attention because of a fall; 2) report recurrent falls in the past year; 3) report difficulties in walking or balance; or 4) have difficulty or demonstrate unsteadiness during a gait and balance evaluation require a multifactorial fall risk assessment.
- The AGS/BGS Guideline for Prevention of Falls in Older Persons articulated that community living older persons who met any of these criteria and were cognitively intact should then undergo management of the identified risk factors.
- The document should explain the differences between *screening* and *assessment* and provide a clear message to primary care providers about both screening and assessment. We strongly believe the annual screening of all older adults for fall risk using the AGS/BGS Clinical Guidelines should be recommended. If warranted, a multifactorial assessment would then be performed. If the USPSTF does not believe the evidence (from RCTs) supports a statement indicating that screening is “recommended”, the authors could highlight that screening is essential to the clinician’s decision making process (to determine whether or not a multifactorial assessment *may* be indicated).
- As noted by the CDC (<http://www.cdc.gov/HomeandRecreationalSafety/falls/adultfalls.html>), the chances of falling and of being seriously injured in a fall increase with age, with a significantly increasing fall related death rate in adults over age 85. In the Annual Wellness Visit, fall prevention is introduced as a component of “the review of functional ability and level of safety” in the first visit but not explicitly addressed thereafter. Our comments provided on the Wellness Visit, calling for screening with each visit, were met with a statement that fall prevention screening was not recommended for subsequent visits but would be subject to review if the USPSTF found evidence of a need. Therefore, we strongly recommend the USPSTF emphasize the importance of fall prevention screening for all older adults at every visit, especially those over age 85.
- The AGS/BGS Guideline identified additional single interventions that we believe should be incorporated into the USPSTF Recommendation Statement. The additional components most commonly included in efficacious interventions (followed by the evidence graded that was assigned by the AGS/BGS expert panel) include:
 - Adaptation or modification of home environment [A]
 - In older persons in whom cataract surgery is indicated, surgery should be expedited as it reduces the risk of falling. [B]
 - Withdrawal or minimization of psychoactive medications [B]

- Citing the AGS recommendations for “exercise programs that targets strength, gait, and balance” and the USPSTF recognition of several effective community programs, we recommend that providers be given explicit recommendations to refer appropriate patients to those evidence-based physical therapy, and activity and exercise programs cited in the review. It is that link between providers and evidence-based programs that has been difficult to activate our national efforts and those of our 32 state coalitions; bringing visibility to the action of referral/linking to the programs and services offered in their communities would promote a better outcome and greater impact.

Thank you for tackling this difficult review and offering us an opportunity to comment on the Draft Recommendation Statement. We look forward to working in partnership with the USPSTF as it moves forward with initiatives and strategies designed to improve quality of care for older adults.

If you should need any additional information, please do not hesitate to contact Bonita Lynn Beattie, VP, Injury Prevention National Council on Aging and lead of the National Falls Free Initiative at 202-479-6698 or bonita.beattie@ncoa.org.

Submitted by the Member Organizations of the Falls Free© Coalition Advocacy Workgroup:

Alzheimer's Foundation of America

American Occupational Therapy Association

American Physical Therapy Association

National Association of Area Agencies on Aging

National Association of RSVP Directors

National Council on Aging

National Association of States United for Aging and Disabilities

Rebuilding Together

Safe States Alliance

