



Michael C. Reineck, MD

Invited Editorial

Falls—the great silent killer

Michael C. Reineck, MD

As physicians, we are well aware of the toll heart disease, smoking, and cancer have on our patients. But there's another less visible killer we need to recognize. It's falling, especially among our older citizens. As an orthopaedic surgeon, even I was surprised to learn that Wisconsin has one of the highest mortality rates from falls in the whole country! That's why I chose to highlight this issue as my presidential theme.

Besides the obvious harm to our patients, there's a serious financial aspect to this problem that affects all of us as taxpayers. The largest part of Wisconsin's \$2 billion Medicaid budget goes to pay long-term care—and the greatest portion of that is for treating injuries related to falls. In other words, falls are a significant portion of the \$200 million Medicaid budget slated for long term care. Any reduction in this \$200 million would go a long way toward freeing up our resources to be used for treatment of other illnesses or at least help reduce the projected \$600 million deficit.

Just as we can sometimes prevent or delay heart disease, smoking, and cancer, we can also prevent and/or delay falls that cause serious injury and premature death. In my practice, I frequently hear the same story. The patient will say, "I was just getting up at night to use the bathroom and I didn't bother to turn on the light."

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That's the crux of this problem. A small mistake can lead to a devastating fall, frequently resulting in hospitalization, oftentimes the result of a broken hip. In fact, nearly half of all Wisconsin hospitalizations for injury are related to falls.

Imagine that something as innocuous as a throw rug could mean the difference between living an independent life at home or being forced to live in a nursing home, or worse yet, dying as a result of the fall. Throw rugs and electric cords can and do lead to falls. Get rid of them, and advise your patients to do the same.

Most falls occur at home. These falls result from clutter left on stairs, slippery falls, or a lack of protective devices in the bathroom. By eliminating these culprits, many falls can be prevented.

In addition to the home environmental factors that we can change, there are also medical factors that lead to falls. Age, gender, and mental impairment cannot be changed, but physicians should be aware that the side effects of medication they prescribe for their patients can be a significant factor in why people fall. Make sure you warn your patients of this possibility.

Physicians are well aware that there is a balance problem associated with fractures. But they must also be on the lookout for subtle warning signs, such as trouble getting out of a car or chair or having to reach for a wall or furniture when walking. All of these are early signs that the person is losing the ability to navigate. Be sure to ask the question, "Have

you fallen recently?" But remember, most elderly patients will be reticent to admit that they've fallen recently, for fear that the revelation will result in greater scrutiny and/or restrictions in their freedom.

We as physicians should be able to observe the early symptoms of imbalance during an office visit. Simply observing your patients walking down the hallway will alert you to a very early gait or balance problem. Observe or note if your patients have difficulty getting out of a chair, sway when standing with their eyes closed, stumble as they lean forward to pick up an object off the floor, or are unable to walk heel-toe. All of these should alert you to a balance problem.

Take the time to educate your patients about medications such as anti-hypertensives and psycho-tropics that can affect balance or lightheadedness. If you're still unsure if a balance problem exists, refer the patient to a physical or occupational therapist for a balance assessment, the cost of which may be covered by Medicare.

Physicians also can encourage patients to remain active. Walking, using a stationary bike, and swimming will increase your patients' strength, balance, and quality of life, in addition to assisting your treatment of their hypertension, diabetes, and obesity. Remember, patients with balance problems can often reduce their risk factors through exercise.

Paying attention to warning signs may be the most important thing you do as a physician, considering that 40 percent of those who fall and break a

hip end up permanently in nursing homes, and an additional 30 percent temporarily lose their independence. Even more frightening is the fact that, according to the Centers for Disease Control and Prevention, Wisconsin has the nation's second worst mortality rate associated with falls.

The smart thing is to lessen our risk of suffering falls in the first place, so we can use our resources more efficiently to treat the many other health care problems that aren't preventable. In other words, Wisconsin's \$600 million Medicaid deficit, of which one third is attributable to long term care, could be positively addressed through falls prevention.

You've already taken the first step in this direction by becoming aware of the problem. Now, if you worry that your patients won't take these admonitions seriously, there is a way to couch this conversation in a way that definitely will get their attention. If you talk about preventing a fall, this may not generate much interest. But if you suggest ways to preserve their independence for as long as possible, they'll be all ears, believe me.

There is nothing more valuable to senior citizens than their independence, and just the thought of spending one's final weeks, months or years in a nursing home are enough to make a lot of elderly citizens very interested in this message. But somebody has to initiate the discussion. Who better than doctors?

You can also help educate your patients about falls prevention by having copies of the Society's *Your Doctor. Your Health.* publication devoted to this issue in your office. It includes both practical suggestions for avoiding falls and a discussion with family members who've dealt with the aftermath of caring for a loved one injured after a fall. You can order free copies of *Your Doctor. Your Health.* by contacting Kendi Neff-Parvin at 608.442.3748 or Kendip@wismed.org.

You can also log on to www.wisconsinmedicalsociety.org to read or download the publication.

I am positive that, together, physicians can have an extraordinary impact on preventing falls, injuries, and premature death. We must be as concerned about falls prevention as we are about any other threat to

our patients' health and well being. Not taking this seriously as our population continues to age will mean a greater amount of our limited medical resources will have to be directed at treating and caring for conditions that might have been prevented by our early intervention.

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