Healthcare Professional Talking Points for Adjusting Fall-Related Medications

Helping older patients optimize their medications and reduce their risk of falling.

As older adults (ages 65 and older) age they may be prescribed more medications to manage their health conditions. Some of these medications can increase the patient's risk of falling and subsequent ability to care for themselves. For older adults with a history of a fall or fractures, avoid medications considered potentially inappropriate. This resource offers tips on how to approach discussion with older adults about medications and their link to falls by addressing the key beliefs that influence a patient's readiness to change their medications.

In your decision to modify a medication:

- Consider if there are safer pharmacologic or non-pharmacologic alternatives available.
- Evaluate if the risks of the medication outweigh its benefits.
- Involve the patient in the decision-making process and encourage them to share their preferences.

Falls can be a sensitive topic for some, make sure your office space is a place your patient can openly discuss their concerns.

Use the STEADI Algorithm for Medication Adjustment: Screen, Assess, Intervene and follow up to plan an adjustment of medications that increase fall risk.

This resource provides a step-by step guide for discussing how certain medications can increase fall risk, ways to reduce exposure to these medications, and addresses concerns related to making medication changes. The following questions and associated sections below can guide discussions with patients about optimizing the safety of their medication regimens based on their beliefs.

- Is your patient aware that their medications may increase their risk of falling?
- Is your patient trying to stop or change their medication to reduce their risk of falling?
- Is your patient aware of the potential strategies available to them to stop or change their medications linked to increased fall risk?
- Have you established a plan with your patient to change or reduce their medications?
- Has your patient decided not to make any changes to their medications?
- Has your patient started making changes to their medications?
- Is your patient still taking medications related to increased risks of falling?

Canadian Medication Appropriateness and Deprescribing Network

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Is your patient aware that their medications may increase their risk of falling?

KEY STEPS

- **Explain** to your patient that you would like to discuss their current medications.
- **Ask** them if they are experiencing any side effects (such as fogged thinking, dizziness, drowsiness, or lightheadedness with position change) from their current medications and if they are aware that some medications increase the risk of falls.
- **Ask** them if they have fallen in the past year or since their last visit.
- **Review** your patient's current prescription and nonprescription medications with them and identify which ones may be increasing their risk of falls.
- **Assess** if it is appropriate to reduce, change, or stop any of the identified medications using shared decision-making.
- **Explain** to the patient about how their medications may increase their risk of falling and how a fall could impact their health or independence.
- **Discuss** desired therapeutic outcomes and goals of care, to determine how the patient or their caregiver perceive falls.
- **Emphasize,** when applicable, that there are alternative treatments for their condition(s) that do not contribute to fall risk as much as their current medication (for example cognitive behavioral therapy for insomnia).

Key Questions to Guide the Discussion:

- Today I'd like to discuss your current medications and their potential for contributing to falls.
- With this medication, possible side effects include [side effects specific to patient's medication]. Have you experienced any of these side effects?
- Have you experienced any side effects that you believe may increase your risk of falling?
- Certain side effects like slower reflexes or difficulties in thinking and remembering can also increase your risk of falls. Have you experienced any of these?
- If the patient reports a previous fall, ask them if they have made any changes to reduce their risk of falling again?

Discussion Topics:

As we age, our bodies process medications more slowly and may respond to a medication differently. A dose that a person tolerated when they were younger may begin to cause side effects as they age.

Some side effects that could increase your risk of falling may include:

- Drowsiness
- A drop in blood pressure when changing positions
- Slowed Reaction Time
- Blurred Vision
- Dizziness
- A change in how you walk, such as shuffling your feet
- Confusion

Medication side effects can build on each other so taking multiple medications with similar side effects can increase your risk of falling even more.

From my assessment, this medication is increasing your risk of falling. It's important you know that there are steps we can take together to manage both your conditions and risk of falling.

Your ongoing conversation and encouragement can motivate your patients to adhere to medication modification.

Remember to:

- Establish an open dialogue between you and your patient when discussing fall prevention.
- Understand your patient's concerns and goals regarding falls and fall prevention.
- Ask your patient which actions they are willing to take to reduce their fall risk and what factors motivate them to participate in fall prevention.
- Work with your patient to implement effective strategies to reduce their risk of falling.
- Identify desired therapeutic outcomes and goals of care with the patient or caregivers, to determine how the prevention of falls fits with the patient's goals and preferences.

Is your patient interested in trying to stop or change their medication to reduce their risk of falling?

KEY STEPS

- **Ask** the patient how they feel about trying to change or reduce the dose of their medications.
- **Check** with the patient if they are still taking the medications listed in their records and ask if the patient is taking any over the counter medications or herbal supplements.
- **Explain** how some of their medications may no longer provide the intended benefit or may no longer be an appropriate choice for their condition.
- **Correct** any misconceptions about their medication's purpose, safety, or effectiveness.
- **Emphasize** any additional benefits your patient may see if they stop or reduce their medication and start an alternative or additional therapy, such as experiencing fewer side effects such as lightheadedness or dizziness.
- **Reassure** that if needed for symptom recurrence, the medication can be restarted at an appropriate dose.

Key Questions to Guide the Discussion:

- Are you worried about falling?
- How do you feel about reducing the dose of [this medication] and trying a different way to treat [your condition]?
- If they are not interested or motivated to make to make changes to this medication, ask: "What makes you feel that you need to continue using this medication?"

Discussion Tips:

Certain medications (such as antihistamines, benzodiazepines, or other sedative-hypnotic medications) can cause serious side effects and should only be taken if necessary and for a short period of time.

For some medications, they may become less effective over time and may require higher doses to reach the same effect. This also increases your risk of side effects. By stopping or reducing the dose of a medication, you could avoid side effects as well as reduce your risk of falling.

Preventing a fall can help you avoid injuries like fractures, stay independent, and maintain your quality of life. Stopping or reducing this medication can help prevent a fall by reducing side effects <insert the specific side effects> associated with that medication.

> If your patient decides to not change their current medications, you can discuss other ways to reduce their risk of falling. Resources on addressing other risk factors are included in the "decided not to make any changes to their medications" section.

Is your patient aware of the potential strategies available to them to reduce or stop their medications linked to increased fall risk?

KEY STEPS

- **Review** potential strategies for reducing the patient's exposure to medications linked to falls.
- **Explain** potential benefits and risks the patient may experience due to any adjustments to their medications.
- **Discuss** concerns they may have about making changes to their medications.
- **Support** the patient while they adjust their medications and help address potential withdrawal symptoms.
- **Reinforce** that alternative strategies are available to help manage their condition.

Key Questions to Guide the Discussion:

- Has a provider discussed stopping or changing your medication in the past? What have you tried before?
- What would help you stop or reduce your medication use?

Discussion Tips:

Over time this medication may become less effective, and the risks may start to outweigh any benefits.

There are other options that can help manage your condition, we can work together to find a safer option for you.

[List any resources and strategies available for the identified medications]

Some general alternative therapies that you may consider with your patient could include:

- Non-pharmacological strategies
- Topical medicines
- Alternative prescription or non-prescription medicines (over the counter)

These strategies may come with risks or potential side effects of their own. Discuss these risks with your patient when deciding what steps to take.

Have you established a plan with your patient to change or reduce their medications?

KEY STEPS

- **Engage** your patient in the decision-making process and work with them to set up a plan for adjusting their medications.
- **Plan** and document a tapering schedule for your patient to follow.
- **Provide** resources to help manage your patient's underlying condition and any possible rebound or withdrawal symptoms because of the medication changes.
- **Discuss** achievable treatment goals and address any misconceptions about new treatment strategies.

Many medications need to be tapered over a prolonged period of time to avoid rebound symptoms. Adjusting too quickly may result in withdrawal symptoms or recurrence of initial symptoms.

Key Questions to Guide The Discussion:

- Do you foresee having any trouble staying on track with the medication change schedule I've given you?
- What might help you be successful?
- What concerns do you have regarding the changes to your medications?

Discussion Tips:

Watch for the return of any symptoms from your underlying condition while we're adjusting your medication.

You may experience some withdrawal symptoms as you reduce your medication dosage. [Recommended strategy] may help address those symptoms.

It's important that you stay on schedule with your tapering plan. To help you keep up with this:

- Set a reminder, such as on your phone or calendar, to reduce your medication when scheduled.
- Share your tapering plan with a friend or family member.
- Schedule a follow-up visit to check in on your progress.

These patient empowerment brochures have additional tips for managing your patient's conditions such as pain, insomnia, or dementia.

A medication reconciliation step can help list all prescribed and non-prescribed medications that the patient is currently taking.

Medication Adjustments and Symptom Monitoring:

You can minimize withdrawal symptoms by progressively adjusting the dose of the medication by a fixed amount or percent over time. The schedule can be extended for patients who suffer discontinuation symptoms.

Concise validated tools are available for tracking changes in symptoms over time and can facilitate medication adjustment/dose reduction. Monitor condition symptoms for which this medication was prescribed. Available tools include:

- Rhinitis Control Assessment Test (RCAT) (antihistamines)
- PEG Pain Screening Tool (opioids, gabapentinoids, muscle relaxants, tricyclic antidepressants)
- Generalized Anxiety Disorder 7-item scale (GAD-7) (benzodiazepines or other sedative-hypnotic medications, tricyclic antidepressants, antipsychotics)
- Patient Health Questionnaire-9 (PHQ-9) (benzodiazepines or other sedative-hypnotic medications, tricyclic antidepressants, antipsychotics)
- Insomnia Severity Index (ISI) (antihistamine, tricyclic antidepressants, benzodiazepines or other sedative-hypnotic medications, antipsychotics)

Has your patient decided not to make any changes to their medications?

In some cases, your patient may decide to not make any changes to their medications. There are other actions you and your patient can take to reduce your patient's risk of falling. Assess for other modifiable risk factors such as gait and balance disorders, home hazards, orthostatic hypotension and find ways to intervene using effective strategies to reduce fall risk. Additionally, you may want to discuss your patient's medications periodically in case any changes to their medications or new side effects arise.

KEY STEPS

- **Reinforce** that you are open to talk about their medications at any time.
- **Discuss** your patient's other fall risk factors and share resources on how to reduce them.

Tapering durations by medication class to minimize discontinuation symptoms, from the scientific literature.	
Antihistamines	Abrupt cessations may be associated with mild anticholinergic withdrawal symptoms. A generic weekly taper between 25-50% of the original dose can be used for patients using higher doses or those who have used antihistamines for a long time.
Antipsychotics	For adults with behavioral and psychological symptoms of dementia who have been treated for at least 3 months where symptoms have stabilized or have displayed no response to the treatment. Taper antipsychotics slowly in collaboration with the patient and caregiver. For example, 25-50% dose reduction every 1-2 weeks with a slower taper for those with long-standing antipsychotic use. For adults with primary insomnia treated for any duration or secondary insomnia in which the underlying comorbidities are managed. Short term (<6 weeks) antipsychotic use can be discontinued without a taper. A gradual taper can be considered for situations where antipsychotics were used for a longer term or if there are concerns from either the patient or provider.
Muscle Relaxants	Muscle relaxants are typically used for short periods, but withdrawal symptoms may be serious. Avoid abrupt cessation and gradually taper over 1-2 weeks. A more gradual taper may be necessary if withdrawal symptoms occur.
Opioids	Evidence to support specific opioid adjustment rates is limited and should be individualized based on the patient's clinical situation. Adjustment should be slow enough to minimize symptoms and signs of opioid withdrawal. Longer duration of previous opioid therapy might require a longer taper. Long-term opioid use (≥1 year) can take several months to years to complete, and tapers of 10% per month or slower are likely to be better tolerated than more rapid tapers.
Benzodiazepines or other Sedative-hypnotics	Slowly taper the dose of the medication by 10-25% every two weeks. Dose reduction may be smaller as the patient nears the end of adjustment program. Adjustment schedules typically last 16-20 weeks. A slower and longer taper may be needed for benzodiazepines to avoid other serious adverse effects, including seizures, delirium, and death. If withdrawal symptoms occur during tapering, the patient may consider maintaining the current dose for 1-2 weeks before resuming the taper at a slower rate.
Tricyclic Antidepressants	Avoid abrupt cessations of medications. Taper medication by either reducing the dose by 25% every day, or by reducing the dose by 50% every week until the daily dose is half of the lowest strength available and then stopped after 1 week.
Gabapentinoids	Progressively taper the dose of the medication by 10-25% of a dose each week for at least one to two months.

Note: The duration of the taper can be extended depending upon the pace that the patient can tolerate.

The amount that the patient's medication can be reduced by may depend on the medication's formulation and dosage.

A lower adjustment rate over a longer period is preferred for patients on high dosage of the medication or who have taken the medication for a long time.

Key Questions To Guide The Discussion:

- Do you feel unsteady when walking or standing?
- Do you feel dizzy when you first stand up from lying down or sitting?
- Do you wear bifocals, trifocals, or progressive lenses? Have you noticed any changes in your vision?
- Do you have any concerns for fall or trip hazards inside or around your home?

Has your patient started making changes to their medications?

KEY STEPS

- **Monitor** the patient's response to any changes to their medications and reinforce progress and positive changes.
- **Discuss** any new barriers and suggest ways to manage them.
- **Celebrate** any successes and progress made by the patient.

Key Questions to Guide The Discussion:

- How do you feel your plan for reducing/stopping your medication has gone so far?
- Have you experienced any symptoms since reducing/stopping your medication?
- Have you experienced any issues since stopping, reducing, or changing your medication?
- Have you noticed improvements in the way you feel since changing your medication?

Is your patient still taking any medications related to increased risks of falls?

KEY STEPS

- **Follow up** with the patient's progress and review their current medications.
- **Ensure** that the patient's underlying conditions are being managed effectively.
- **Discuss** with your patient about additional things they can do to reduce their risk of falling.

Follow up visits are individualized to patient and medication. A general follow up timeline can include:

- An initial phase: The first few weeks after starting the tapering process may require more frequent follow ups every 1-2 weeks.
- A mid phase: If the tapering is going well, visits may be spaced out every 2-4 weeks
- A final phase: As the medication is almost completely tapered off, follow-up intervals can be extended to 4-6 weeks.