

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Falls: assessment and prevention in older people and people 50 and over at higher risk (update)

This guideline will update and replace the NICE guideline on falls in older people: assessing risk and prevention (CG161).

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to update the [NICE quality standard for falls in older people](#).

1 Why the guideline update is needed

New evidence that could affect recommendations was identified through the surveillance process. Full details are set out in the [surveillance review decision](#).

Key facts and figures

A fall is 'an unexpected event in which the participants come to rest on the ground, floor, or lower level'. While falls can occur at any age, they become increasingly common as people get older. Around a third of people aged 65 and over, and around a half of people aged 80 and over, fall at least once a year. The impact of falls, especially in people aged 65 and over, includes distress, pain, injury including fractures, loss of confidence, loss of independence, and mortality. The consequences of fractures are significant, with a 1-year mortality rate of 31% after a hip fracture.

Between 2019 and 2020 there were around 234,800 emergency hospital admissions in England related to falls among people aged 65 and over. Around 157,370 (67%) of these admissions were among people aged 80 and over.

There are a large number of risk factors for falls. These include:

- a history of falls
- lower levels of strength because of a decline in muscle mass
- impaired balance because of declines and changes in sensory systems, the nervous system, and muscles
- polypharmacy and the use of psychotropic and antiarrhythmic medicines
- visual impairment
- environmental hazards
- frailty.

There is an increased risk of falling among some people aged younger than 65, including those with underlying conditions such as Parkinson's disease and diabetes. The update to the 2013 guideline will review methods of identifying people aged 50 to 64 who are at risk of falls in all settings (including homes and social care settings) and would benefit from preventative measures.

Falls can occur in any setting but are the most reported patient safety incidents in acute hospitals and mental health trusts in England and Wales. Therefore, the identification of people at risk of falls and measures to prevent falls in these settings require special consideration. NICE is updating the 2013 guideline to reflect changes in evidence related to falls in hospital, to encourage the uptake of similar measures at home and in social care settings, and to reflect national developments, such as the work of the National Falls Prevention Coordination Group.

2 Who the updated guideline is for

This updated guideline is for:

- health and social care practitioners
- local authorities
- care home providers, managers, and staff
- commissioners and providers of health and social care services
- people aged 65 and over, their families, and carers

- people aged 50 to 64 with a condition or conditions that may put them at risk of falls, their families and carers.

It may also be relevant for:

- private sector and voluntary organisations involved in the provision of care and support.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to age, disability and people who are homeless.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

- People aged 65 and over.
- People aged 50 to 64 who have a condition or conditions that may put them at higher risk of falling.

3.2 Settings

Settings that will be covered

All settings where NHS health and social care services are delivered, including in residential care and people's homes.

3.3 *Activities, services or aspects of care*

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas:

- 1 Information and education about falls risk and prevention for people who are at risk of falls or who have had a fall, and their families and carers.
- 2 How to identify people at risk of falls for further assessment, for example: routine questioning, observation, screening tools, electronic patient records.
- 3 Risk factor assessment for people identified to be at risk of falls, for example: risk assessment tools, gait assessment, frailty indices.
- 4 Interventions to reduce risk of falls, for example: multifactorial and multicomponent interventions, exercise programmes, strength and balance training, medication reviews, home hazard and safety interventions, environmental modifications.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Areas that will not be covered

- 1 Identification and assessment of fragility fracture risk.
- 2 Management of complications of falls.
- 3 Interventions targeting specific conditions that increase the risk of falls.

Related NICE guidance

Published

- [Atrial fibrillation](#) (2021) NICE guideline NG196
- [Hypertension in adults](#) (2019) NICE guideline NG136
- [Suspected neurological conditions](#) (2019) NICE guideline NG127

- [Dementia](#) (2018) NICE guideline NG97.
- [Parkinson's disease in adults](#) (2017) NICE guideline NG71
- [Managing medicines for adults receiving social care in the community](#) (2017) NICE guideline NG67
- [Motor neurone disease](#) (2016) NICE guideline NG42
- [Fractures \(non-complex\)](#) (2016) NICE guideline NG38
- [Multimorbidity](#) (2016) NICE guideline NG56
- [Older people with social care needs and multiple long-term conditions](#) (2015) NICE guideline NG22
- [Dementia, disability and frailty in later life](#) (2015) NICE guideline NG16
- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Head injury](#) (2014) NICE clinical guideline CG176
- [Delirium](#) (2010) NICE clinical guideline CG103
- [Stroke rehabilitation in adults](#) (2013) NICE clinical guideline CG16
- [Osteoporosis](#) (2012) NICE clinical guideline CG146
- [Transient loss of consciousness \('blackouts'\) in over 16s](#) (2010) NICE clinical guideline CG109
- [Depression in adults with chronic physical health problem](#) (2009) NICE clinical guideline CG91
- [Safe staffing for nursing in adult inpatient wards in acute hospitals](#) (2014) NICE safe staffing guideline SG1
- [Vitamin D](#) (2014) NICE public health guideline PH56
- [Mental wellbeing in over 65s](#) (2008) NICE public health guideline PH16

In development

- [Osteoporosis](#) NICE guideline update. Publication expected February 2024.

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to falls in older people and people aged 50 to 64 who have a condition or conditions that may put them at higher risk of falling:

- [Shared decision making](#) (2021) NICE guideline NG197
- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76.

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

3.5 Key issues and draft questions

The review questions will be stratified by age and setting when appropriate

- 1 Information and education about falls for people (and their families and carers):
 - 1.1 What are the education and information needs of people who have been and their families and carers after being identified and assessed to be at risk of falls, or who have had a fall?
- 2 Identifying people at risk of falls for further individual risk factor assessment:
 - 2.1 How clinically and cost effective are clinical assessments, such as routine questioning and observation, in identifying people at risk of falls?
 - 2.2 How clinically and cost effective are assessment tools for identifying people at risk of falls?
 - 2.3 How clinically and cost effective are electronic patient records for identifying people at risk of falls?

- 3 Individual risk factor assessment for people at risk of falls:
 - 3.1 What methods of assessment are most accurate for identifying factors that increase the risk of falls?
- 4 Interventions to reduce the risk of falls:
 - 4.1 What are the most clinically effective and cost-effective methods for falls prevention?
 - 4.2 What are people's, and their families' and carers', experiences of interventions for falls prevention?
 - 4.3 What are the best methods for maximising participation, adherence and continuation of falls prevention interventions?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- 1 Mortality
- 2 Quality of life
- 3 Falls
 - Incidence
 - Frequency of falls per person (1 or more)
 - Number of people who fall
 - Fall-related injury, fall-related fractures
- 4 Hospital admission, hospital attendance, or other health or social care resource use
- 5 Fear of falling, for example: measured using Falls Efficacy Scale
- 6 Deterioration of independence or physical function.

4 NICE quality standards

4.1 *NICE quality standards*

NICE quality standards that may need to be revised or updated when this guideline is published

- Falls in older people (2017) NICE quality standard QS86

5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation

The guideline is expected to be published in June 2024.

You can follow the [progress of the guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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