

Falls in the geriatric unit and use of hypnotics: a quality project to reduce the use of hypnotics.

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Background & Objective:

Falls contribute to morbidity and mortality in the elderly. Among their multifactorial cause, drugs, and hypnotic drugs in particular, have been questioned.

The objective of the study was to evaluate the hypnotics use and occurrence of falls in a geriatric unit, as first step of a quality process to reduce hypnotics use.

Design:

retrospective observational study = preliminary study in a larger quality project with the aim of reducing hypnotics use in our hospital.

Falls are chosen as emblematic indicator for our quality project.

Setting:

- a 28-bed geriatric unit of a teaching hospital.
- reporting period for falls = 6 months (2010).

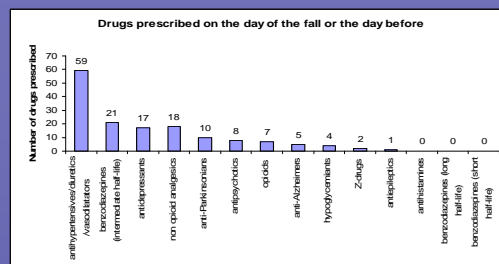
Main Outcome

Measures:

- Number of falls reported (spontaneous reports) in the geriatric unit
- Analysis of the drugs prescribed to the patient on the day of the fall and the day before.

Results:

40 falls were reported
 78 - 96 y
 18 women / 22 men
 338 drugs were prescribed and analysed.



Among drugs potentially inducing falls, we counted anti-hypertensives (59 prescriptions), analgesics (25), benzodiazepines and Z-drugs (23), antidepressants (17), anti-parkinsonians (10), antipsychotics (8), and hypoglycemics (4).

Besides anti-hypertensives, patients often received Benzodiazepines with intermediary half-life (prevalence = 47%), antidepressants (43%), non-morphinic analgesics (42.5%), and antipsychotics (18%).

Drug category	% of patients with fall who received at least 1 drug of this category on the day of the fall or the day before
antihypertensives/diuretics/vasodilators	70,00
benzodiazepines (intermediate half-life)	47,50
antidepressants	43,00
non opioid analgesics	42,50
antipsychotics	18,00
opioids	15,00
Z-drugs	5,00

	Benzodiazepine + antidepressant	Benzodiazepine + antipsychotic	antidepressant + antipsychotic	Benzodiazepine + antidepressant + antipsychotic
number of patients having a combination treatment	11	0	1	0

Conclusions: Many patients who fall in the geriatric unit receive psychotropic drugs.

This study was not designed to establish a link between prescription and falls, but the proportion of patients receiving benzodiazepines, antidepressants and antipsychotics reinforces our conviction that **rationalizing prescription is an important quality project**. Future step will be **implementation of guidelines** in order to **reduce the use of benzodiazepines**.

References:

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