Government of Western Australia
Department of Health

Position statement – impact of COVID-19 on the risk of falling

The Older Person Health Network, WA Falls Management and Prevention Special Interest Group provides this statement to raise awareness in the community about the consequences and long-term impacts of the COVID-19 pandemic on falls risk, particularly for older people, and options to respond to this. Falls are a significant concern and a major cause of injury and death among older adults. They can result in fractures, head injuries, and other serious health problems, as well as loss of confidence in mobility and associated reduced activity levels, which can contribute to the risk of future falls.[1,2]

In addition to its immediate health effects, the COVID-19 pandemic years have had a significant impact on the health and well-being of older adults beyond experiencing the illness itself. This includes an increased risk of falls and injury either from the long-term effects of the illness or from behaviour that may be related to a fear of contracting COVID-19[3] such as reduced physical activity,[4] concern about falling,[5] and social isolation.[6]

Many older people were seeing health practitioners less for management of their chronic health problems, or to have new health problems assessed during the pandemic, and this also reduces their overall health and wellbeing, including increasing falls risk.

Deconditioning is the loss of physical fitness and changes in the body that occur due to inactivity for an extended period. It can lead to health problems that include muscle weakness, fractures, decreased cardiorespiratory fitness, and an increased risk of falls.

The COVID-19 pandemic has led to several factors that increase the risk of deconditioning and falls in older adults[7]

- **Increased risk during acute illness:** older adults may have an increased risk of falls during the acute COVID-19 illness due to general malaise, risk of delirium, and isolation requirements for transmission prevention.
- **Increased risk of severe disease:** older adults are more likely to develop severe COVID-19 infection which leads to greater deconditioning after the acute event.
- **Post-COVID syndrome:** symptoms related to this syndrome include neurocognitive decline, dyspnoea, fatigue, and orthostatic intolerance which may lead to a prolonged increased risk of falls after recovery from the initial acute infection.
- **Reduced physical activity:** the pandemic has led to a decrease in physical activity for many people, including older adults. This is due to many factors, such as stay-at-home orders, social distancing restrictions, and fear of contracting COVID-19. Many Australians have still not returned to their level of physical activity pre-pandemic[4] resulting in deconditioning.
- **Social isolation**: the pandemic led to social isolation for many with social distancing restrictions and current and ongoing fear of contracting COVID-19. Older adults who are isolated from others are less likely to be physically active and more likely to experience deconditioning and health problems.[6]

This position statement has been endorsed by the Chief Medical Officer, Department of Health, Western Australia, and the Older Person Health Network, November 2023

- **Concern about falling:** this can lead to changes in behaviour that increase the risk of falls. Reduced physical fitness, muscle weakness, and deconditioning can contribute to older adults becoming more cautious and hesitant to move around.[8] Similarly, concern about infection reduces confidence to leave the home environment and can impact the management of falls.
- **Reduced medical visits:** not maintaining regular appointments for managing chronic diseases or identifying new health problems can result in poorer management of chronic or new health problems, which can also increase the risk of falling.

Recommendations for people to reduce the risk of deconditioning and falls particularly for older adults post-pandemic

- **Be physically active.** Being as physically active as possible. Examples include chair exercises, low-impact exercises, walking, exercising at home, or taking part in community-run classes and groups. This will build muscle strength and reduce deconditioning. Resume activities you may have stopped during the COVID-19 pandemic and consider new ways to increase your physical activity. If changing your physical activity level or type, it is recommended to discuss this with your doctor or other health professional before making the change.
- **Connecting with others – in person or virtually.** This can reduce social isolation and improve mental health, both of which can help to prevent deconditioning and falls.[6]
- **Addressing the concern about falling**. If concerned about falling, people should talk to their doctor about ways to overcome their concerns and fears.
- **Vaccination**. Reduce the chances of developing severe infection and the subsequent negative effects.
- **Seek information** about falls prevention, risk factors, exercise, safety, and diet through brochures, websites, workshops, and educational activities. For example from www.stayonyourfeet.com.au or www.healthywa.wa.gov.au.

Recommendations for health professionals and health organisations to reduce the risk of deconditioning and falls in older adults post-pandemic

1. **Patient assessment:** encourage healthcare professionals to inquire about older adults' experiences during the pandemic, their falls history, exercise levels, access to medical services, social isolation, and fear of falling. This should be done at all healthcare touchpoints.
2. **Multidisciplinary care:** after acute COVID-19 infections, consider the need for multidisciplinary allied health intervention to aid patients in recovering to their baseline level of function.
3. **Symptom screening:** screen for symptoms of neurocognitive decline and orthostatic intolerance in patients who have recovered from acute COVID-19 infection and may benefit from multidisciplinary care.[9]
4. **Patient-centred care:** collaborate with older adults to explore their pandemic experiences that may increase the risk of falls or fall-related injuries and implement care plans to mitigate these risks.

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5. **Information dissemination**: provide information about falls prevention, risk factors, exercise, safety, and diet through brochures, websites, and workshops. Resources from www.stayonyourfeet.com.au and www.healthywa.wa.gov.au can be particularly helpful.
6. **Equitable access:** ensure equitable access and referral to programs and services that can assist older adults in preventing falls.[8]
7. **Psychological support:** encourage older adults to engage with clinical psychologists when fear is a significant barrier to physical activity and falls prevention.[10]

In conclusion, the COVID-19 pandemic has left a lasting impact on falls risk in older adults. Addressing these issues through physical activity, social connections, concerns about falling, vaccination, and a collaborative approach with healthcare professionals and organisations is vital to reducing the risk of falls and their consequences in the post-pandemic era.

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