

## MANAGEMENT OF FALLS IN A&E AND WARDS

### Supporting information

This guideline has been prepared with reference to the following:

Dani M, Dirksen A, Taraborrelli P. Orthostatic hypotension in older people: considerations, diagnosis and management. Clin Med (Lond). 2021;21:e275-e282

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8140709/>

Mahmood Z, Khan A, Khan K et al. Postural hypotension – a quality improvement project. Clin Med (Lond). 2019; 19: 69

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6752535/>

NICE. Falls in older people: assessing risk and prevention. 2013. London. NICE

<http://www.nice.org.uk/guidance/cg161>

#### **Antihypertensive medication is not indicated when falls may be due to postural (orthostatic) hypotension?**

A 2015 review found the evidence that postural hypotension and falls are induced by antihypertensive medication is weak (Zia, et al). The authors of this review recommended that robust older individuals may benefit from intensive blood pressure lowering with a treatment goal of 140/90 mm Hg, and individuals with preexisting symptomatic postural hypotension or individuals with a history of falls may benefit from a more cautious approach with a treatment goal of 150/90 mm Hg.

Zia A, Kamaruzzaman SB, Tan MP. Blood pressure lowering therapy in older people: Does it really cause postural hypotension or falls? Postgrad Med. 2015;127:186-93

**Evidence Level: III**

**Last amended February 2022**  
**Last reviewed November 2023**