

STEADY ON YOUR FEET



Information and Advice



Falls

The more details you can remember about a fall, the easier it is to pinpoint a cause so think carefully about:

- When it happened – Was it related to time of day? Were you doing something specific at the time?
- How it happened – Was it a loss of balance? Did you trip on something? Did you go dizzy? Did you blackout?
- Where it happened – is there a trip hazard you could remove? Have you fallen in this place before? If so, why could this be?

Often, rather than one specific reason, there may be a number of underlying risk factors which have played a part, many of which can be reduced by following some simple advice.

These issues may include:

- Muscle weakness
- Poor balance
- Dizziness
- Environmental hazards
- Vision and hearing problems
- Foot pain, deformity or numbness
- Badly fitting or unsupportive footwear
- Memory loss or confusion
- Poor nutrition
- Medications
- Bladder and bowel conditions
- Alcohol consumption
- Incontinence

Falling can have an impact on your confidence which may then lead to a vicious cycle of reduced activity and a further increase in falls risk.

Taking a pro-active approach, even if you haven't had a fall, will help you take control of the situation and allow you to remain active and independent for longer with an increased quality of life in the long term.

Useful links on falls and how to prevent them:

[Stay Stronger for Longer: A Peterborough guide to staying steady and doing the things you enjoy](#)

[Stay Stronger for Longer: A Cambridgeshire guide to staying steady and doing the things you enjoy](#)

[NHS Falls Prevention](#)

[RoSPA Home Safety Videos](#)



Blackouts

Blackouts can be difficult to identify, particularly if they are brief, but they should be suspected if you cannot recall the fall and / or have injuries to your face, as this suggests you did not put your hands out to save yourself.

Blackouts are very common and happen more often as we age. Common causes include:

- A drop in blood pressure when changing position (e.g. standing up from a chair)
- Heart disorders
- Anxiety / panic attacks / stress

If you think you may have had a blackout, it is important that you inform your GP so the cause can be investigated.

Further Information

[NHS information on fainting](#)



Dizziness

It can occur for many reasons, e.g:

- A drop in blood pressure when changing position (e.g. standing up from a chair)
- If you feel dizzy when you first stand up, change position slowly and exercise your arms and legs before getting up
- Sit back down again if you feel dizzy and wait until it passes
- Stand still or walk on the spot when you first get up and don't rush

Dehydration

- Make sure you drink plenty of fluids during the day (6-8 cups per day, about 1.5-2 litres)
- Drink regularly throughout the day
- Reduce caffeine and alcohol intake

Inner ear disorders / vertigo

- If you feel like the world is moving or spinning, or your dizziness is associated with nausea, vomiting, visual changes or hearing disturbances contact your GP surgery for further advice
- Ensure you have had a hearing assessment recently

Medications

- Discuss your symptoms with a community pharmacist if you are taking medication, particularly medication related to blood pressure

Medical conditions (e.g. diabetes, COPD)

- Consider whether your condition is well managed and discuss with a health professional if you need further advice

Anxiety

- Try some relaxation techniques such as mindfulness or deep breathing
- Discuss with your GP if severe

[NHS information on dizziness](#)



Medication

It is important to have your medications reviewed regularly by your GP or pharmacist so they can keep an eye on any side effects and alter dosage if necessary. This is particularly important as we age as our sensitivity can increase and dosages need to be adjusted accordingly.

Make sure you are taking your medications as prescribed by your GP. There may be specific instructions such as taking them at a certain time of day or on an empty stomach etc., that are important to the effectiveness. Check with your pharmacist if you plan on drinking alcohol or taking over the counter medication as these can have an effect on other medications you are taking.

[Help from a Pharmacist](#)



Environment

Often this is because of hazards within the home or difficulty with daily activities such as getting in / out of bed, on / off a chair or toilet, or in / out of the bath may also cause falls.

Falls prevention in and around the home is often described as 'common sense', however, it isn't always easy to recognise the things that can cause trips, slips and falls. Use our home safety section to help you identify and remove hazards within your home.

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[View Home Safety](#)



Movement and Exercise

Between the ages of 50 and 70 we lose about 30% of our muscle strength and, as we age, our balance reaction times get slower which makes it harder to stay steady, especially if we are doing something quickly. Without physical activity, it is also difficult to maintain strong bones.

There is strong evidence that strength and balance exercise programmes are effective in preventing falls, regardless of age. Specific exercise classes designed for older people are particularly beneficial as they aim to improve balance and strength not just to reduce risk of falls but to make it easier doing everyday tasks such as using stairs, getting out of a chair and even getting onto the floor. They can help you stay stronger for longer and continue to do the things you love.

If you live in Cambridgeshire, [click here](#) to find out more about the free Falls Management Exercise (FaME) programme and local strength and balance exercise classes

[Click here for strength and balance exercise classes in Cambridgeshire](#)

If you live in Peterborough, [click here](#):

[Click here for strength and balance exercise classes in Peterborough](#)

Generally speaking, physical activity is any movement that results in a small increase in your heart rate and breathing. If you are new to exercise, begin slowly and gradually build up to the recommended amount:

- Physical activity on most days adding up to 150mins moderate intensity exercise each week (e.g. walking, swimming, cycling)
- Strengthening exercises 2-3 times per week (e.g. gym, carrying heavy bags)
- Challenging balance activities 2-3 times per week (e.g. Re-Ffit and Pre-Ffit strength and balance classes, tai chi, bowls, dancing)

Something is better than nothing, even if it is just breaking up long periods of sitting with regular walks around the house or doing some exercises in your chair. Please note that chair based exercises, while beneficial for many other things, DO NOT prevent falls – exercises must challenge your balance if they are to be effective.

If you are already reasonably active, you still need to ensure your strength, balance and bone health is at its best. Tai Chi and any form of dancing are great activities to help your bones, muscles and balance.

Exercising is safe and beneficial for the majority of people, but, if you experience chest pain or feel faint while exercising you should stop exercising immediately and contact your doctor.

If you need help or advice about the best activities for you, speak to a physiotherapist or the Healthy You – Healthy Lifestyles Service

Remember – Keeping active is vital. If you feel unsteady and a walking aid helps you feel steady and

keep active, this it is your ticket to freedom.

Using a walking aid is not 'giving up', it is a way of enabling you to maintain fitness including strength, balance and stamina. All of which support independence.

Further Information

For further information regarding community exercise opportunities for older people:

How Are You Cambridgeshire and Peterborough?: Local Activities that are good for wellbeing

Healthy You: Find a local physical activity that suits your needs



Vision

You may not notice that your vision is changing but, as we age we become less able to adapt to changes in light and darkness, to tell colours apart and to accurately see depth and distance. This can cause problems with bifocals / varifocals, even if they have been worn for years so if you do wear this kind of lens, take care on steps, stairs and patterned or uneven surfaces.

The older we get, the more common eye conditions such as cataracts, glaucoma and macular degeneration become but, with 70% of visual problems being correctable, it is extremely important to ensure that you have regular eye tests. Remember that eye tests are free if you are 60 or over and many opticians can visit you at home if you are unable to go out and about.

Further information can be found here:

[Age UK eye health](#)

[Find an optician offering NHS Sight Tests](#)

[Royal national institute of blind people](#)



Memory

This may just be a gradual deterioration associated with ageing but can also be associated with stress, poor sleep, infection, certain medications, dementia and excessive consumption or withdrawal from drugs or alcohol.

There is good evidence that there are things you can do to reduce your risk of dementia as you get older. This includes adopting a healthy lifestyle:

- eat a balanced diet,
- maintain a healthy weight,
- be physically active,
- stop smoking,
- and drink alcohol within recommended limits.

It also includes staying mentally and socially active, getting your hearing tested, and treating depression.

If your memory issues are minor, you may find that keeping your brain active with puzzles and games or using visual prompts and lists as reminders can help. If memory problems are severe they can impair judgement, reasoning and insight which can then result in risk taking behaviour which may lead to falls. The ability to recognise and interpret sight, sound and touch may also be affected which can lead to communication and movement difficulties. If you or your friends and family have noticed a change in your memory or behaviour, it is important that you discuss this with your GP or other health professional.

For further information follow the links below:

[How Are You Cambridgeshire and Peterborough?: Local Activities that are good for wellbeing](#)

[Healthy You: Information and support to make lifestyle changes](#)

[NHS Health Checks: Spot early signs of some health conditions](#)

[NHS memory loss](#)

[NHS Dementia prevention](#)

[Alzheimer's Society how to reduce your risk](#)

Age UK Dementia



Nutrition and Hydration

It is important to speak to your GP if you are losing weight for an unknown reason as it could be a sign of an underlying medical condition.

Poor nutrition can result in a weakened immune system, difficulties absorbing medication, impaired wound healing and a reduction in muscle and bone strength which may then lead to an increase in falls. Even if your weight is normal, if you are eating a limited range of foods, you could still be malnourished.

Good hydration is equally as important as water makes up two thirds of our body and is vital to help digestion and flush out toxins. Being dehydrated can cause headaches, confusion, dizziness, constipation, urine infections, etc. which may all increase the risk of falls.

Signs that you are not drinking enough can include feeling thirsty, headaches, tiredness, dry mouth / lips, confusion, dark / smelly urine, constipation.

If you are unsure if you are eating a balanced diet or drinking enough fluid, try keeping a food / drink diary and comparing it to the guidelines below. There are many reasons that your diet may be poor such as small appetite, swallowing difficulties, difficulty sourcing or preparing food, illness and problems with dental health.

If you have difficulty shopping or preparing food, speak to family / friends who may be able to help or consider a meal or shopping delivery service. Contact social services if you are having particular difficulties preparing meals and other daily activities as they may be able to help.

Ensure your teeth or dentures are in good condition to help you eat and drink well.

If you are having problems with swallowing or choking on food please speak to your GP.

Try to eat a varied, balanced diet and maintain good hydration by eating / drinking:

- 2-3 portions of high protein foods every day such as meat, fish, eggs, nuts, beans, pulses, soya, tofu and other meat-free protein foods
- 2-3 portions of dairy foods every day such as cheese, milk and yoghurt or non-dairy alternatives like soya, almond or coconut milk
- 1 serving of starchy food at each meal (e.g. bread, cereals, potatoes, pasta or rice)
- Some fruit and vegetables every day (fresh, frozen, tinned, dried or juiced)
- If you enjoy fish, go for oily fish such as mackerel, salmon, herring, trout, pilchards or sardines as these are rich in omega-3 fatty acids. Aim for 2 portions a week
- At least 6-8 glasses/mugs of fluid every day (1.5-2 litres) – keep caffeine intake low as this can worsen dehydration
- Reduce alcohol intake
- If you have diabetes please consult your GP, nurse or dietician before making any changes

Further information:

[NHS Eat well](#)

[Age UK Eating Healthy](#)

[British Dietetics Association – Older Adult food facts](#)

[Cambridgeshire County Council - Help with Meals](#)

[Peterborough City Council - Help with Meals](#)

[The Healthy You service - information and support to eat well](#)



Bone Health

Osteoporosis is a condition which causes reduced bone density and increases susceptibility to fracture (breaking a bone). It is more common in women due to bone loss occurring more rapidly after menopause. The likelihood of having osteoporosis increases if you:

- Have ever broken a bone following a minor bump or fall (over the age of 50)
- Have a low BMI
- Have a family history of osteoporosis or hip fracture
- Are a current smoker or drink more than 3 units of alcohol per day
- Have taken oral corticosteroids (e.g. Prednisolone) for more than 3 months
- Have a diagnosis of Rheumatoid Arthritis
- Have Type I diabetes, untreated hyperthyroidism, chronic malnutrition/ malabsorption, chronic liver disease
- Have gone through a premature menopause (<45 years) without taking HRT

If you have broken a bone after a minor bump or fall and haven't discussed your bone health with another professional, it is important to see your GP so your bone health can be assessed. Diet and lifestyle changes can help to keep your bones as strong as possible, regardless of whether you have osteoporosis or not:

- Stop smoking as this can damage the bone building cells in your body
- Keep your alcohol intake low — excessive alcohol can destroy bones and make you unsteady
- Try to take some sort of weight bearing exercise
 - If you have not broken a bone before, exercise which encourages moderate impact as jogging, jumping, stamping would be beneficial.
 - If you have had a previous fracture or are diagnosed with osteoporosis, The Royal Osteoporosis Society can guide you as to which exercises may be suitable for you. Alternatively speak to your physiotherapist
- Ensure your Vitamin D intake is sufficient. The best source is sunlight acting on skin or a daily supplement. Sunlight exposure without sunscreen should be limited to 10 minutes per day on the arms and face between May and September, All adults are recommended to take a daily 10 microgram Vitamin D supplement (sometimes called 400 Units), particularly over the winter months (October to March) or if you do not go outdoors. These are available in supermarkets or pharmacies.
- Ensure you include plenty of calcium in your diet (1000mg a day)

For further information:

[The Royal Osteoporosis Society](#)

[Royal Osteoporosis Society: Take the osteoporosis risk checker](#)

[Royal Osteoporosis Society: Exercise and physical activity for bone health](#)

[Royal Osteoporosis Society: Nutrition for bones](#)



Feet

Trimming your toenails using a long handled file after bathing, when they are softer, can make them easier to manage independently.

If you struggle or you have foot problems that you cannot manage yourself, a podiatrist or chiropodist can help. This is especially important if you have diabetes.

Try to wear footwear that protects and supports your feet with non-slip soles that are not too thick. Avoid high heels or backless footwear as they are more likely to cause you to trip.

For further information:

[Feet Focus Community Footcare service for low-cost foot care](#)

[NHS Find a podiatrist](#)



Bladder / Bowel

There are a number of bladder and bowel problems which can increase falls risk. These include:

- Strong urge to urinate
- Urine infections
- Passing urine more than 10 times in 24hrs
- Having to go to the toilet more than twice nightly
- Constipation - having hard bowel movements less than 3 times a week
- Diarrhoea - loose watery faeces that need to be passed urgently
- Difficulty accessing toilet

These issues can be exacerbated by poor hydration and high caffeine and / or alcohol intake.

You can help to keep your bladder and bowel healthy by drinking 6 to 8 cups of fluid per day and minimising any drinks containing caffeine or alcohol.

Eating a balanced diet with plenty of fibre e.g. wholegrain bread, cereals, peas and beans and fruit and veg, can help to ease constipation.

If you find it difficult getting to the toilet at night, a commode or urinal may be helpful. Speak to your GP about a continence assessment if you are having on-going issues and require further support.

Further Information

[Pelvic floor exercises](#)

[Safe and Well Cambridgeshire: Equipment to help with everyday tasks](#)



Fear of Falling

The more worried you become, the less likely you are to keep active which, in turn, makes you more likely to fall again. You may find that you are more careful with your walking, start to slow down your pace or you begin to leave the house less often. These are very common behaviours and it may mean you've lost some of your confidence when getting around. It is important to remember that there are lots of things that you can do to reduce your risk of falling and improve your confidence. Working through the self-assessment tool on this website is a great start.

Having a falls plan in place can help to reduce anxiety and will reduce the likelihood of being on the floor for a long time.

If you are hurt or unable to get up:

- Summon help by using your pendant alarm, calling out, crawling to a telephone or banging on a wall
- Make sure there are blankets in each room so that you can keep warm
- Move to a softer surface if you are able
- Change position regularly if you are able

If you are unhurt and feel you can get up:

- Roll over onto your hands and knees
- Crawl to a stable piece of furniture such as an armchair and use this to assist you with getting up
- Turn and sit on a chair or bed and rest for a while

If you are worried about falling when you are alone at home, you might want to get a pendant alarm to enable you to call for help even if you can't reach the telephone.

There are also telecare sensors available such as falls detectors for people who would not be able to press a pendant alarm.

Remember

- If you have had a fall, try not to worry about it too much. There are plenty of things you can do to minimise your risk of it happening again
- If your worries are not going away, try talking to someone about it
- Set yourself small goals to build back up to your usual activities – e.g. walk for a short distance first
- Think about all the times you haven't fallen and try to maintain your usual levels of activity

Complete a self-assessment and develop an action plan

For more information:

[Healthy You Falls Management Exercise \(FaME\) programme](#)

[CPFT Psychological Wellbeing Service](#)

[Cambridgeshire County Council Community alarms \(Lifeline\)](#)

[Peterborough City Council Lifelines](#)

Sleep and Falls

What I can do:

- Limit your daytime sleep
- Be as active as you can during the day
- Have a set bedtime routine
- Milky drinks before bedtime may help
- Tea and coffee later in the day are likely to keep you awake. Try switching to decaffeinated versions of your favourite drinks
- Play music you enjoy or that is especially good for relaxation before going to bed
- Try not to worry about the things you cannot change

It is important to sleep in bed whenever possible as it helps to improve circulation, to reduce swelling in limbs, and ensures all muscles in the body are in a relaxed state.

Sleeping pills are a common risk factor for falls, especially if you find yourself falling in the night or in the morning. If you are on regular sleeping pills, you may wish to speak to your GP about this.

Fatigue and boredom can also affect how alert we feel, which can increase falls risk. Keep to a good routine and try to keep your mind active by doing crosswords, reading the paper etc. Avoid sleeping for too long during the day, and pace yourself to manage fatigue.

Rolling out of bed

If you are rolling out of bed as you are asleep consider;

- Changing the side of bed you sleep on, or sleep more centrally in the bed.
- Review night time sedatives (sleeping tablets) as this could contribute to this.
- Place a small towel under the edge of the fitted sheet to create a small barrier to alert you to being near the edge of the bed.
- Elevate the edge of the mattress

If you are falling from the bed when you are trying to get in or out, consider:

- Adapting the height of the bed- if it is too low it is easy to get in but hard to get out off
- If the bed is too high- it will be hard to get in, and you may 'slide' out. Remove casters, or invest in a shallower mattress
- The sheets are too slippery.
- The edge of the mattress is too soft.

Bed handles to assist with bed transfer, for this speak to Occupational therapy or other health professionals for advice.

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YOUR FEET**

www.steadyonyourfeet.org