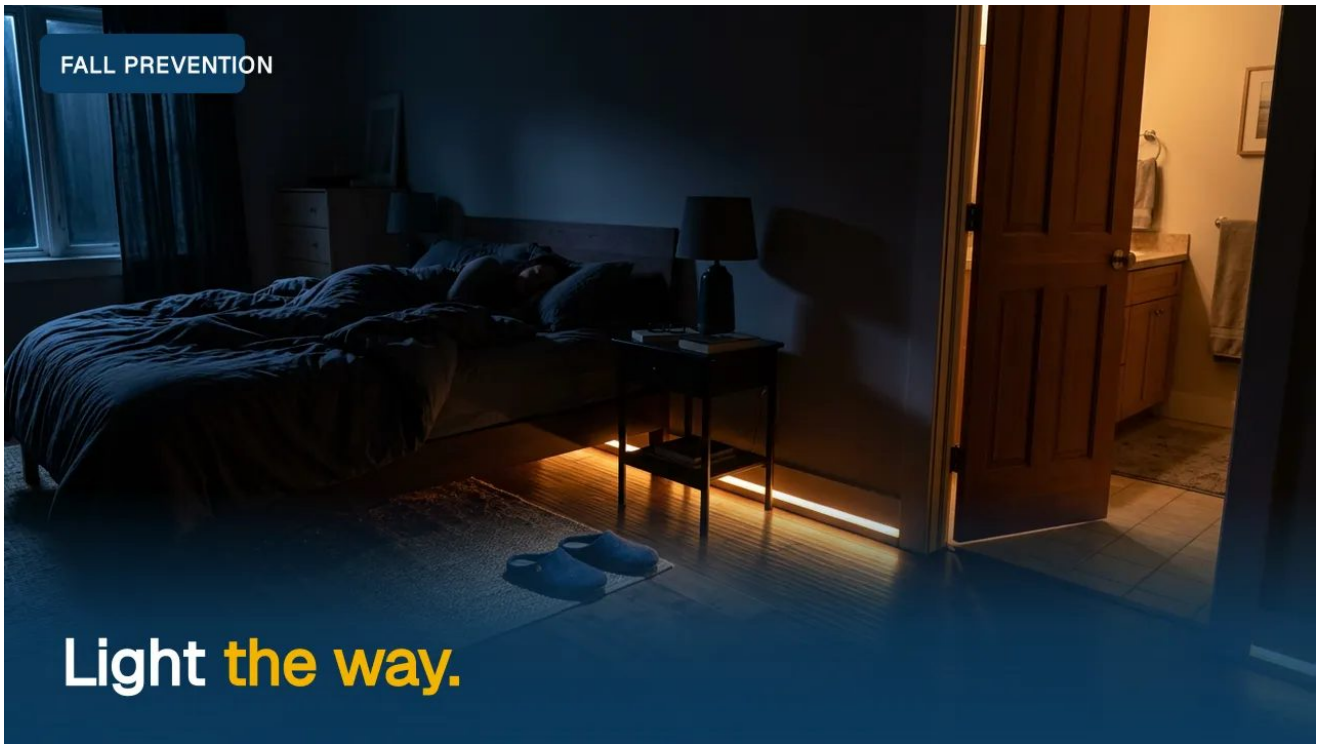
FALL PREVENTION

How do I prevent falls at night?

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Most night falls happen on the way to the bathroom, so fix that trip first. Light the path automatically, set up the bed so standing is easy, get up in stages, and review with a doctor or pharmacist any medicine that causes drowsiness, dizziness or extra urination at night. Those four steps address the main reasons older adults fall after dark.

Why nights are risky

At night, several risks stack up at once. The person is groggy, the house is dark, blood pressure may drop on standing, and there is urgency to reach the toilet.

- **Night-time bathroom trips.** A review of nine studies found that people who wake at night to urinate had about a 20 percent higher risk of falling. In a study of hip fracture patients, about 20 percent of those without night-time urination had fallen at night. The figure was nearly 40 percent among those with moderate to severe night-time urination.
- **Dizziness on standing.** A drop in blood pressure when standing up, called orthostatic hypotension, is linked to higher odds of falling.
- **Medications.** The CDC lists sleep aids, anxiety medications, antidepressants, opioids, antihistamines, blood pressure drugs and muscle relaxants among medicines linked to falls. Many are taken at bedtime.

1. Light the path automatically

Fumbling for a switch in the dark is a fall risk of its own.

- Plug-in night lights or motion-sensor lights from the bed to the bathroom
- A lamp or touch light reachable before sitting up
- Motion-sensor lighting inside the bathroom, including over the toilet
- Lights that are soft and low to the floor, so they do not blind someone when they wake

2. Set up the bed and bedside

- **Bed height:** when sitting on the edge, feet should rest flat on the floor with knees at about a right angle. Bedroom safety guides suggest roughly 20 to 23 inches, but match it to the person.
- **A firm mattress edge** that does not collapse when sitting on it
- **A bed rail or bed handle** designed for home beds, if a therapist recommends it and it is fitted correctly
- **Phone, glasses and water** within reach on a stable nightstand
- **Slip-resistant footwear or socks** by the bed, not loose slippers

3. Clear and shorten the route

- Remove rugs, cords and clutter from the path
- Keep bedroom and bathroom doors open at night
- Add a grab bar by the toilet so sitting and standing are steady
- Consider a bedside commode or urinal if the bathroom is far, the person is unsteady, or urgency is strong

4. Get up in stages

Teach and practice a slow routine. Sit up on the edge of the bed and count to 10. Pump the ankles a few times. Stand while holding something stable, and pause before walking. If dizziness does not pass, sit back down.

5. Talk about timing with the prescriber

Some of the biggest wins come from medication changes, which only a prescriber should make. Ask the doctor or pharmacist to review:

- Any sleep aid, including over-the-counter products with diphenhydramine
- Water pills, and whether they can be taken earlier in the day
- Blood pressure medications, if there is dizziness on standing
- Evening fluid and caffeine habits that increase night-time bathroom trips

The CDC's STEADI-Rx program helps pharmacists screen for these problems and coordinate changes with the prescriber.

When to get an assessment

If someone has fallen at night, uses a walker, or makes several bathroom trips a night, a home visit can map the exact route and fix it. We test balance and getting up from bed, and check the lighting, the bed and the bathroom. You get a prioritized plan. Start with an Initial Consultation, a 30-minute phone call. Current prices are on our pricing page.

Sources

Centers for Disease Control and Prevention. Medications linked to falls

Centers for Disease Control and Prevention. STEADI-Rx: pharmacy care

Centers for Disease Control and Prevention. Preventing falls

Nocturia and falls meta-analysis. Journal of Urology

Nocturia and night-time falls in hip fracture patients. PMC12743793

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Mol A, et al. (2019). Orthostatic hypotension and falls in older adults: a systematic review and meta-analysis. Journal of the American Medical Directors Association, 20(5), 589 to 597. (Via PubMed.)

Want a plan for your own home?

Every service starts with an Initial Consultation, a 30-minute phone call with Dr. L'HommeDieu.

Book at homesafety.solutions