MEDICATIONS & FALL RISK

A quick guide for older adults

Medicines can be an important and MODIFIABLE part of fall risk. The goal is safer medication use - not simply fewer medicines.

How can medicines increase fall risk?

Sleepiness / slowed reaction

You may respond more slowly to a trip or loss of balance.

Dizziness / poor coordination

Walking, turning, or getting up may feel less steady.

Low blood pressure

You may feel lightheaded when standing up.

Confusion

Judgment, attention, or orientation may be affected.

Blurred vision

Steps, curbs, and obstacles may be harder to see.

Muscle effects

Weakness or impaired coordination may make recovery from a stumble harder.

Medication groups that deserve special attention

- Sleep and anxiety medicines, including benzodiazepines and prescription sleep medicines.
- Antidepressants, antipsychotics, opioid pain medicines, and anticonvulsants.
- Blood-pressure medicines when they cause excessive blood-pressure lowering or lightheadedness.
- Anticholinergic medicines, older sedating antihistamines, and muscle relaxants.
- Over-the-counter medicines, supplements, and herbal products - especially products labeled “PM” or “nighttime.”

A medication can be appropriate and still contribute to fall risk. Risk depends on dose, timing, combinations, and your individual response.

Educational handout. Do not stop or change a prescribed medicine without discussing it with your prescriber or pharmacist.
Sources: CDC STEADI / STEADI-Rx; 2023 American Geriatrics Society Beers Criteria.

COULD MY MEDICINES BE CONTRIBUTING TO FALLS?

Use this checklist before your next appointment or medication review

Check any that apply to you

- ☐ I have fallen or nearly fallen since starting a new medicine.
- ☐ I have fallen or nearly fallen after a recent dose increase.
- ☐ I sometimes feel sleepy, groggy, foggy, or less alert after taking a medicine.
- ☐ I feel dizzy or unsteady when walking or turning.
- ☐ I feel lightheaded when I get out of bed or stand up from a chair.
- ☐ My vision becomes blurry after taking a medicine.
- ☐ I take a sleep medicine, anxiety medicine, opioid, antidepressant, antipsychotic, or anticonvulsant.
- ☐ I use an over-the-counter “PM,” nighttime, allergy, or sleep product.
- ☐ I take several medicines that can cause dizziness or sleepiness.
- ☐ My medicines changed during or after a recent hospitalization.
- ☐ I drink alcohol while taking medicines that can cause sleepiness or dizziness.

Checking a box does NOT mean a medicine is definitely causing your falls. It means a medication review may be worthwhile.

What to bring to the review

- A complete list of prescriptions, over-the-counter medicines, vitamins, supplements, and herbal products.
- How much you take, when you take it, and which medicines you use only “as needed.”
- Dates or approximate timing of recent falls or near-falls.
- Any new dizziness, sleepiness, confusion, blurred vision, weakness, or lightheadedness.

Tip: Keep your medication list in your wallet, purse, or phone and update it whenever a medicine changes.

MY FALL-SAFETY MEDICATION REVIEW

Questions to ask your pharmacist or healthcare professional

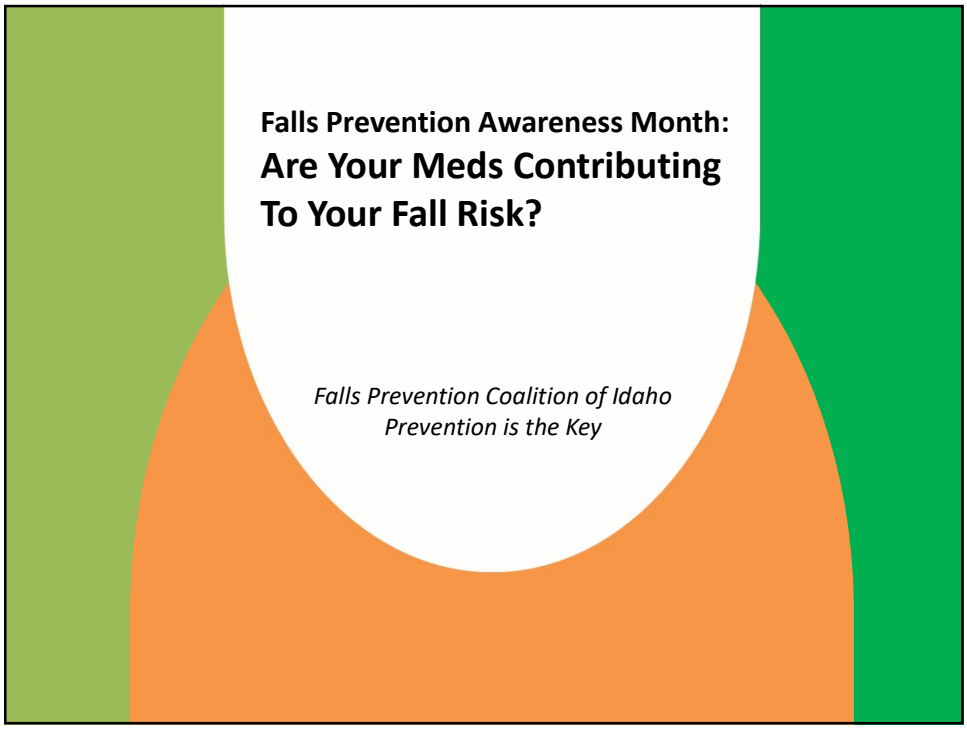
Six useful questions

1	Do I still need each of these medicines?
2	Could any of my medicines make me sleepy, dizzy, confused, or unsteady?
3	Could any of them lower my blood pressure too much when I stand?
4	Am I taking two or more medicines with similar side effects?
5	Could the dose, timing, or medicine itself be changed to reduce my fall risk?
6	If a medicine should be reduced or stopped, how should that be done safely?

My notes

IMPORTANT: Do not abruptly stop a prescribed medicine because it may increase fall risk. Some medicines must be reduced gradually, and stopping a useful medicine can create a different health risk.

Bring this page and your complete medication list to your next medication review.
Sources: CDC STEADI / STEADI-Rx; 2023 American Geriatrics Society Beers Criteria.



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Seminar Materials

- Slides available from the Chat pane and on our website www.aging.Idaho.gov/falls
- Recording available on our YouTube Falls Prevention channel https://youtube.com/@idahoCOA

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Got Questions?

- Feel free to ask questions via the Q&A as you think of them
- Our presenter will either answer them at a good time during the seminar or during Q&A at the end

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Technical Emergency Plan

- If you have audio or video problems, please close out and log back in
- If we lose our presenter, the technical team will take over until he can log back in

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What We'll Discuss Today

- About falls and medications
- Types of meds that matter
- Problems with polypharmacy
- What to look for
- Medication review
- Fall safety plan
- Q&A

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Professor

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Medications & Fall Risk

What older adults should know — and what you can do

The goal is safer medication use — not simply fewer medications.

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Falls are common — but not inevitable

More than 1 in 4 adults age 65+ fall each year.

Medication effects are one modifiable part of fall risk.

Today: how medicines can affect balance, alertness, blood pressure, vision, and reaction time.

We will focus on medication classes and side effects—not on telling anyone to stop a prescribed drug.

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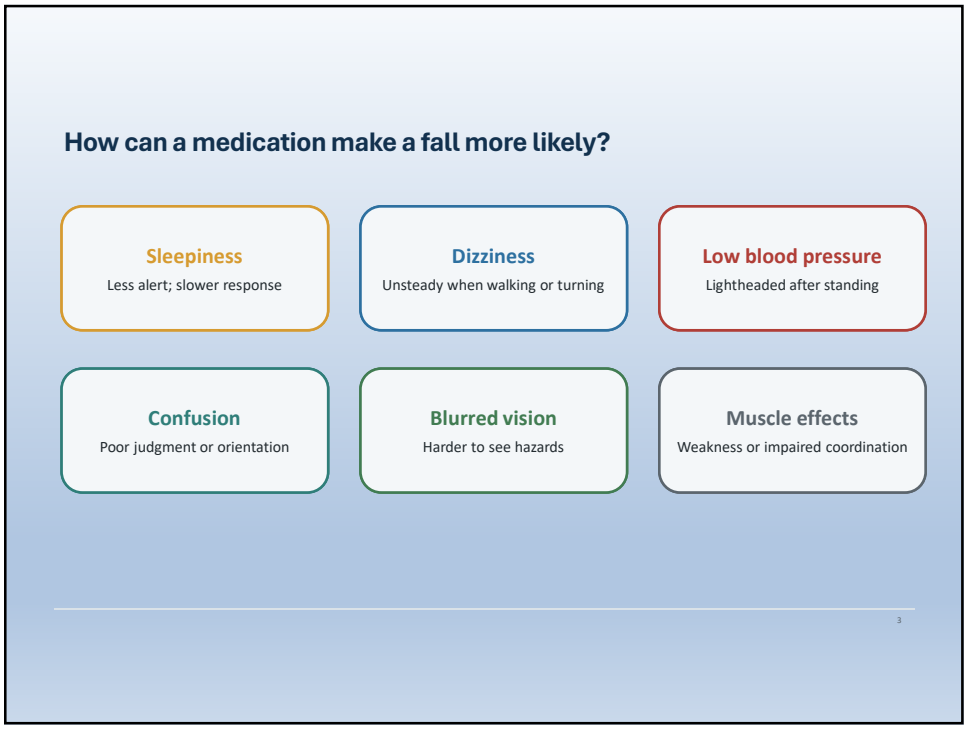
How can a medication make a fall more likely?
Sleepiness
Less alert; slower response
Dizziness
Unsteady when walking or turning
Low blood pressure
Lightheaded after standing
Confusion
Poor judgment or orientation
Blurred vision
Harder to see hazards
Muscle effects
Weakness or impaired coordination
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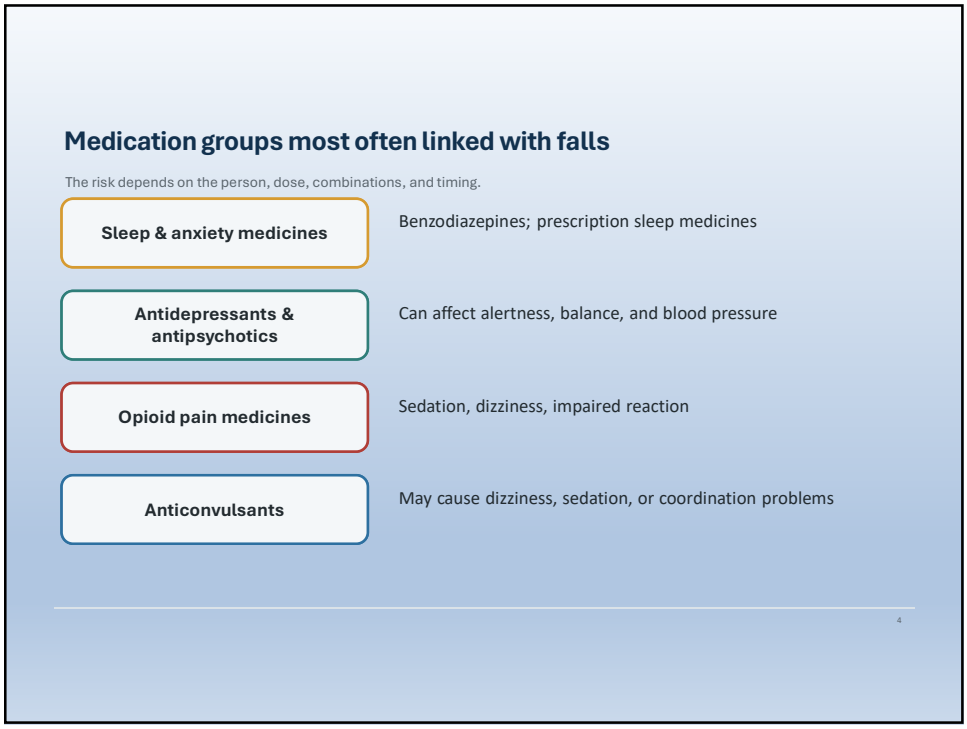
Medication groups most often linked with falls
The risk depends on the person, dose, combinations, and timing.
Sleep & anxiety medicines
Benzodiazepines; prescription sleep medicines
Antidepressants & antipsychotics
Can affect alertness, balance, and blood pressure
Opioid pain medicines
Sedation, dizziness, impaired reaction
Anticonvulsants
May cause dizziness, sedation, or coordination problems
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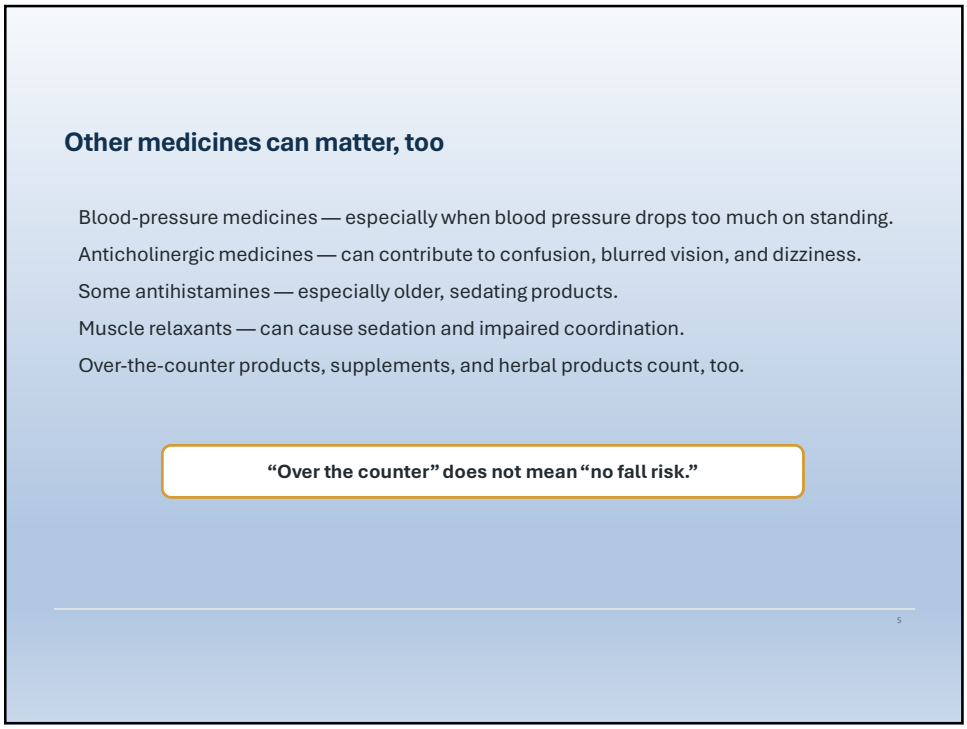
Other medicines can matter, too
Blood-pressure medicines — especially when blood pressure drops too much on standing.
Anticholinergic medicines — can contribute to confusion, blurred vision, and dizziness.
Some antihistamines — especially older, sedating products.
Muscle relaxants — can cause sedation and impaired coordination.
Over-the-counter products, supplements, and herbal products count, too.
"Over the counter" does not mean "no fall risk."
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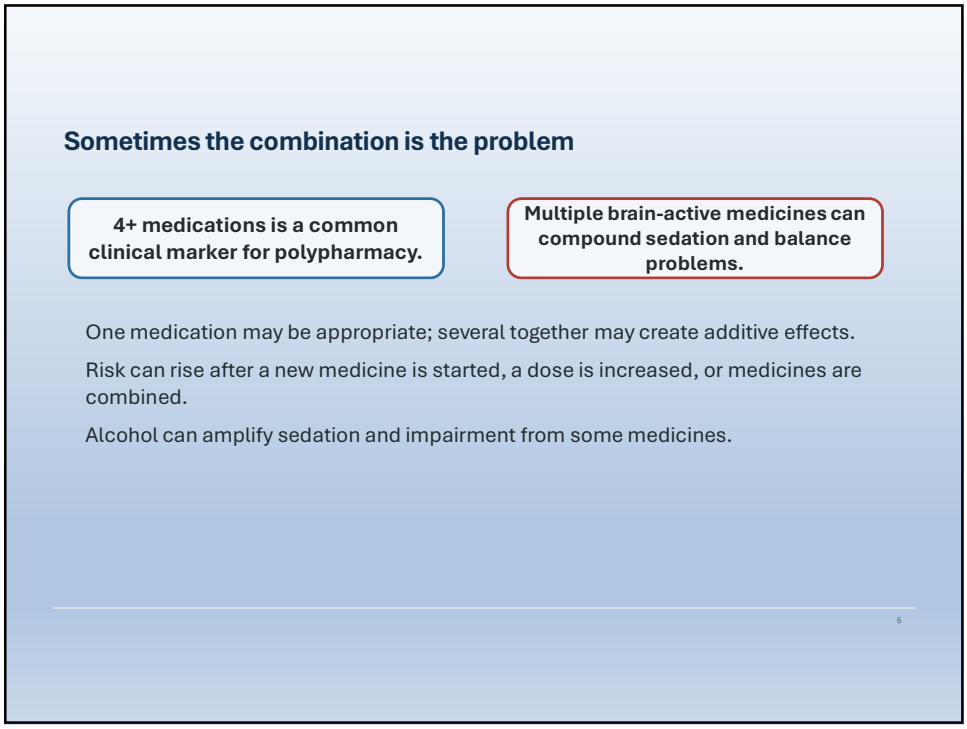
Sometimes the combination is the problem
4+ medications is a common clinical marker for polypharmacy.
Multiple brain-active medicines can compound sedation and balance problems.
One medication may be appropriate; several together may create additive effects.
Risk can rise after a new medicine is started, a dose is increased, or medicines are combined.
Alcohol can amplify sedation and impairment from some medicines.
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When should you suspect a medication?

A fall or near-fall occurs soon after starting a new medication.

You feel newly sleepy, foggy, dizzy, or unsteady.

You become lightheaded when getting out of bed or standing from a chair.

Symptoms appeared after a dose increase.

You take several medicines that cause similar side effects.

Your fall pattern changed after a hospitalization or medication change.

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A simple example: "Why am I suddenly unsteady?"

Maria, 74

Long-standing blood-pressure medicine

Recently added nighttime sleep medicine

Uses an OTC "PM" product some evenings

Feels groggy during nighttime bathroom trips

Had two near-falls in one week

The question is not "Which drug is bad?"
It is "Could the regimen be made safer?"

Best next step: medication review with a pharmacist or prescriber.

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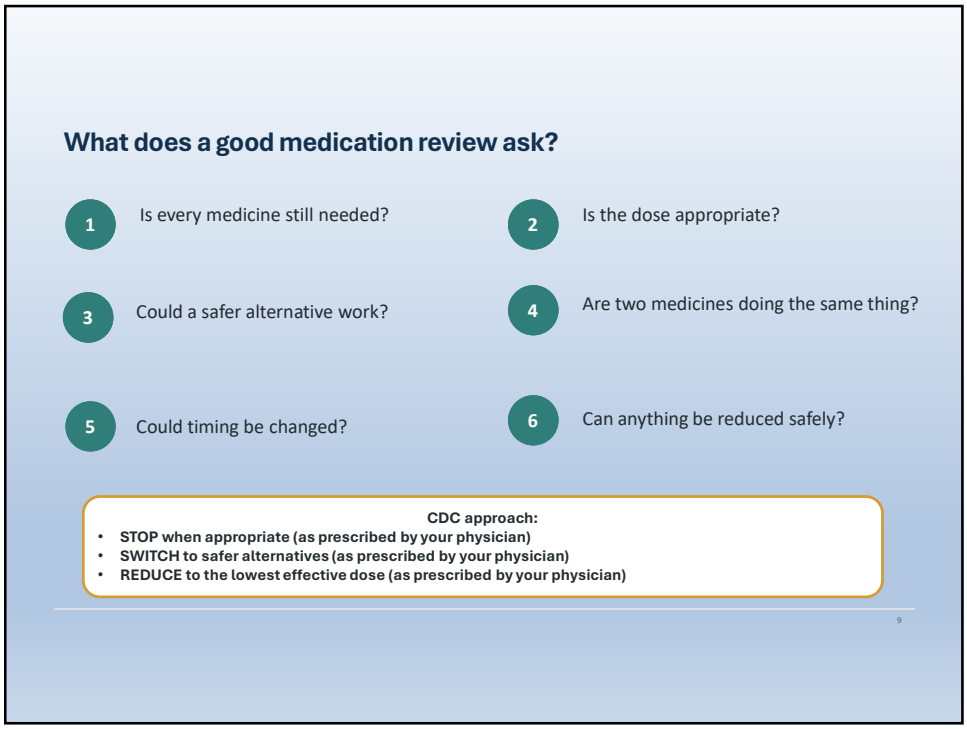
What does a good medication review ask?
1
Is every medicine still needed?
2
Is the dose appropriate?
3
Could a safer alternative work?
4
Are two medicines doing the same thing?
5
Could timing be changed?
6
Can anything be reduced safely?
CDC approach:
• STOP when appropriate (as prescribed by your physician)
• SWITCH to safer alternatives (as prescribed by your physician)
• REDUCE to the lowest effective dose (as prescribed by your physician)
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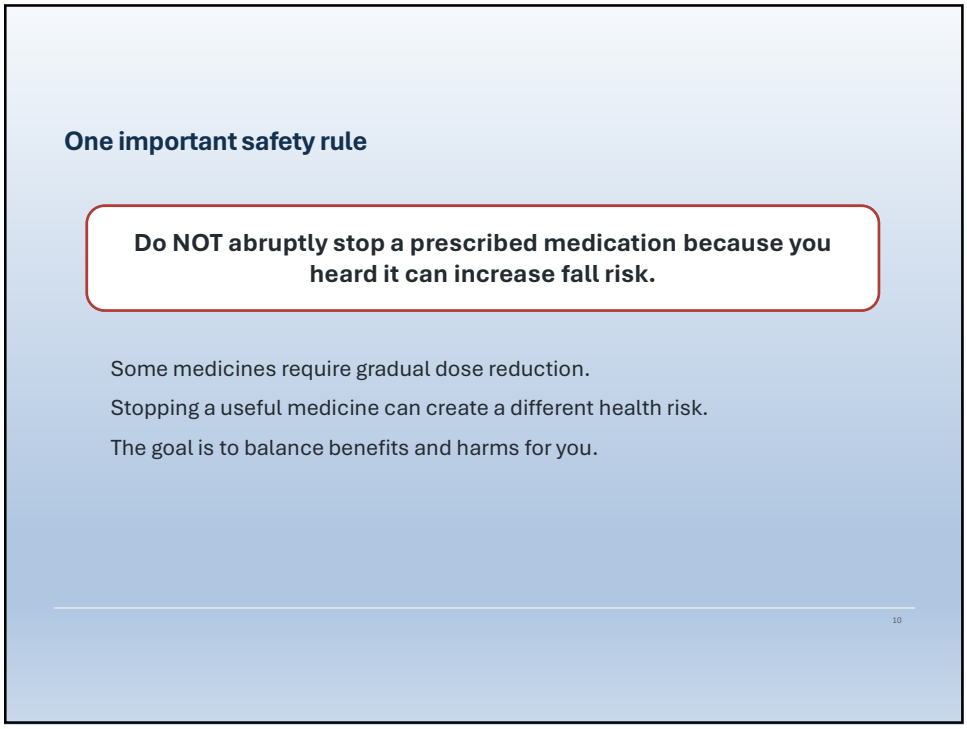
One important safety rule
Do NOT abruptly stop a prescribed medication because you heard it can increase fall risk.
Some medicines require gradual dose reduction.
Stopping a useful medicine can create a different health risk.
The goal is to balance benefits and harms for you.
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Your 5-step medication fall-safety plan
1
Keep one complete list
Prescription + OTC + vitamins + supplements
2
Bring the list to visits
Include what you take only "as needed"
3
Report falls and near-falls
Tell your clinician when they happened
4
Ask for a fall-focused review
Especially after new medicines or dose changes
5
Ask one key question
"Could any of my medicines make me dizzy, sleepy, confused, or lower my blood pressure?"
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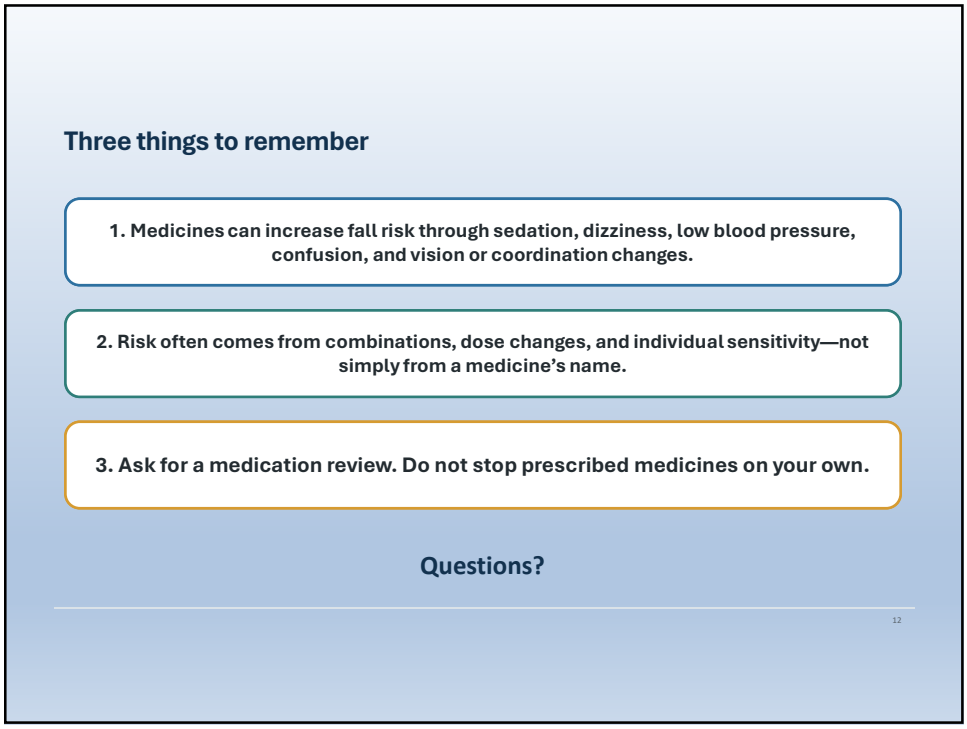
Three things to remember
1. Medicines can increase fall risk through sedation, dizziness, low blood pressure, confusion, and vision or coordination changes.
2. Risk often comes from combinations, dose changes, and individual sensitivity—not simply from a medicine's name.
3. Ask for a medication review. Do not stop prescribed medicines on your own.
Questions?
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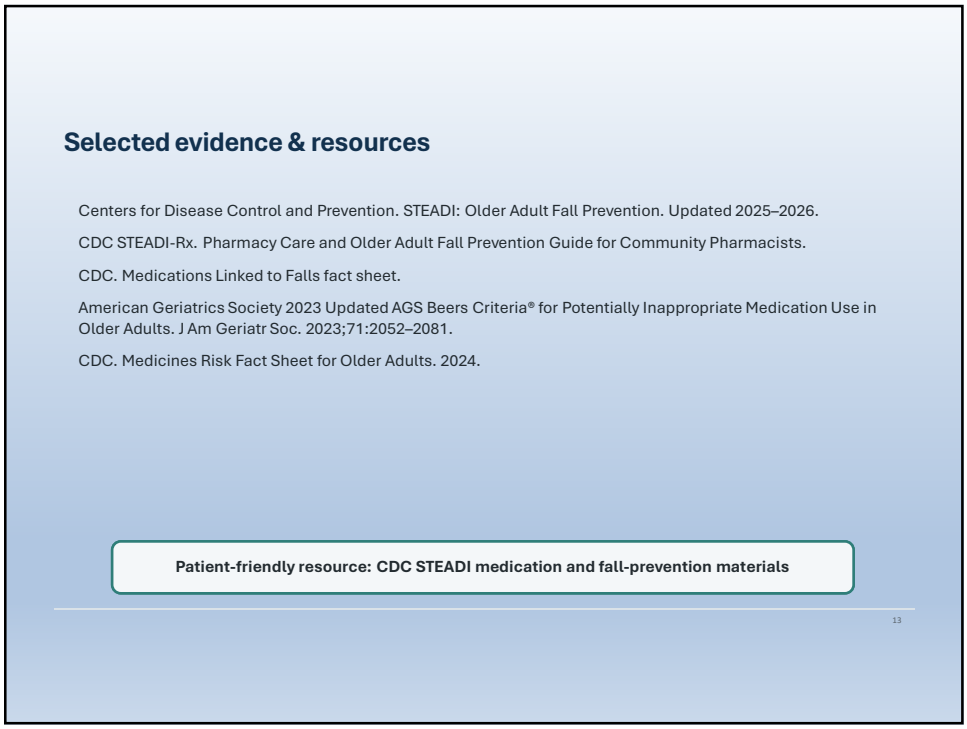
Selected evidence & resources
Centers for Disease Control and Prevention. STEADI: Older Adult Fall Prevention. Updated 2025–2026.
CDC STEADI-Rx. Pharmacy Care and Older Adult Fall Prevention Guide for Community Pharmacists.
CDC. Medications Linked to Falls fact sheet.
American Geriatrics Society 2023 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2023;71:2052–2081.
CDC. Medicines Risk Fact Sheet for Older Adults. 2024.
Patient-friendly resource: CDC STEADI medication and fall-prevention materials
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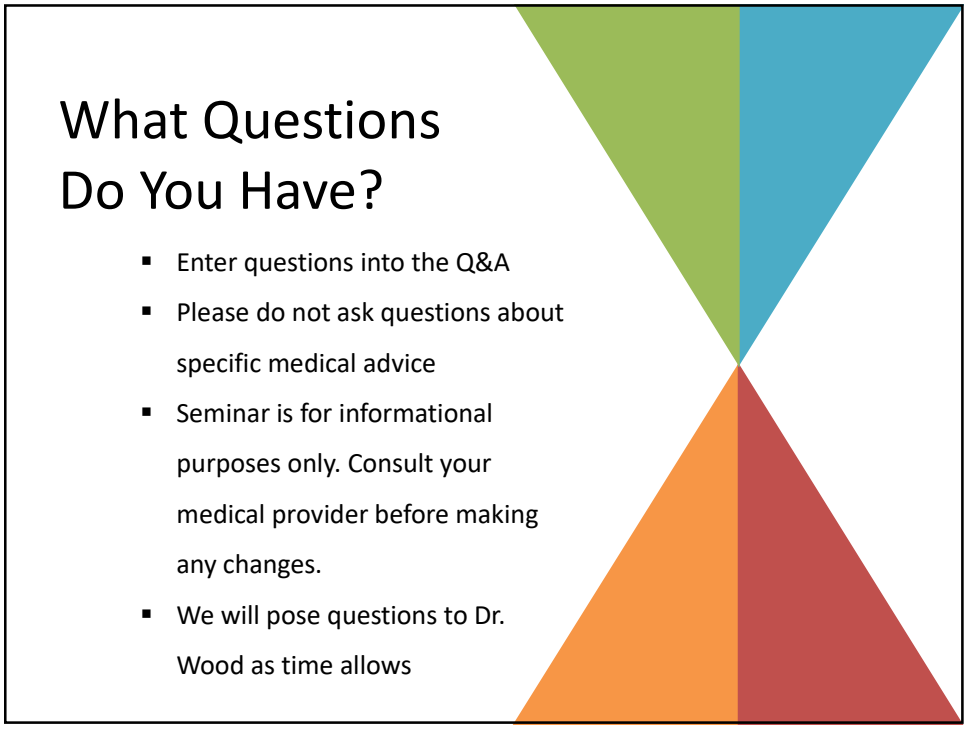
What Questions Do You Have?
Enter questions into the Q&A
Please do not ask questions about specific medical advice
Seminar is for informational purposes only. Consult your medical provider before making any changes.
We will pose questions to Dr. Wood as time allows

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Thank you for Your support

Participants

- We hope you understand how meds can change your fall risk and how you can minimize those risks

Presenter

- Our expert's insights, knowledge & experience are irreplaceable!

Techie

- We can't do any of it without our behind-the-scenes ZOOMbie!

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We hope you continue to be falls-free in ID!

Next seminar: Tuesday, September 22nd
Stay Active to Prevent Falls: Challenge Yourself to Try Something New? (1 PM MDT/noon PDT)
Register now www.aging.idaho.gov/falls

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