



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2014-2015

Brendan Smyth MLA (Chair), Mary Porter MLA (Deputy-Chair),
Giulia Jones MLA, Yvette Berry MLA



**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Ms Porter on 20 June 2014: Dr Brown took on notice the following question:

Ref HD-No 10: Hansard Transcript 20 June 2014, page 82

In relation to programs in the community that improve mobility and target falls prevention

MS PORTER: Yes, I just wanted to ask a supplementary about the falls, Dr Brown. Those programs that you are running in the community do they—and also in places where people present with falls—does that include any kind of tool that drills down into whether or not the person may be, as they age and they are on a number of medications, whether medication might have been a feature or the combination of medications may have been the feature in their instability.

Also that they may be self medicating or enjoying more alcohol as they age because people who have more time on their hands may not realise that they are actually not—I am not necessarily talking about them taking too much alcohol, but a combination of the medication and the alcohol?

As we know we are all unsteady on our feet as we age so is there any tool that is used by the GPs or that is not necessarily your area of course. But I mean by those that are seen in the health clinics and also in the emergency department and the messages are they getting out into the community to talk to people about their medication and how to handle that, in relation to falls? The risk of falling.

Dr Brown: I need to take that on notice, in terms of any specific tools that are utilised. I know that education is part of the sort of broad approach and certainly there is a fairly strong awareness I think of the risk of medication in anyone, but particularly in the older population and the impact that might have, in terms of balance and risk of falling and I guess alcohol we know can interact with medication. But I will get specific information about what sort of approaches are taken and bring that back on those.


Katy Gallagher MLA: The answer to the Member's question is as follows:—

Polypharmacy (taking four or more medications) is well recognised as a risk factor for increasing a person's predisposition to falling. Certain medications, such as benzodiazepines and antipsychotics are also known to contribute to falls, especially in older people.

The Geriatricians in the Division of Rehabilitation, Aged and Community Care (RACC) run a weekly Falls and Syncope Clinic. Part of the screening undertaken by the Geriatricians in both these clinics as well as their general geriatric clinic is to obtain a complete list of medications the client is on. The Geriatrician reviews all the medications and assesses the benefits, interactions and risks of each medication. There is no standardised specific tool used, but it forms part of the comprehensive assessment.

Clients attending the Falls and Falls Injury Prevention Clinic (also run by RACC) will also have their medications reviewed by the multi-disciplinary staff for possible risks for falls. If any issues are found, the multi-disciplinary staff will contact the individual's GP or Geriatrician and suggest a review of their medication be completed to minimise the risk of falling.

Approved for circulation to the Select Committee on Estimates 2014-2015

Signature: 

Date: 30.6.14

By the Minister for Health, Katy Gallagher MLA