

# COGNITIVE IMPAIRMENT AS RISK FACTORS FOR FALLS



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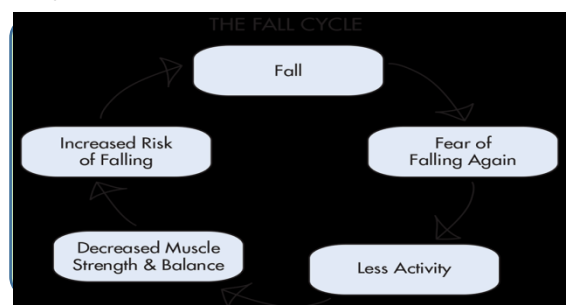
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## Introduction

- Epidemiological studies in developed countries show that, on average, one third of older adults experience a fall at least once a year. The incidence of falls increases with increasing patient's age.
- Patients with neurological diseases, such as Parkinson's disease, multiple sclerosis, stroke or Alzheimer's disease, experience falls significantly more frequently.

## Cognitive impairments

- These neurological diseases are known to be associated with early reduction of cognitive function but also with early development of risk factors for falls, among which the most common are postural instability, use of medication, neurocardiovascular instability - especially orthostatic hypotension, and adverse effects of environment
- After experiencing a fall, the patient's quality of life is significantly reduced in most cases. Between 5-10% of falls result in severe injuries, such as head trauma or fractures. It is well known that even if serious injuries did not occur, it can be noticed the fear of a possible next fall, self-restriction of mobility, decreased activity, depression and social isolation.



## Conclusion

- Falls and injuries associated with falls are a significant problem not only for the individual but also for the social and health systems. Therefore, it can be concluded that modification of risk factors can prevent falls in patients with cognitive impairment.
- Clinical trials show that physical therapy may play a role in the prevention of falls. Risk modification interventions in patients with cardiovascular risk factors and neurocardiovascular instability may have the effect on reducing the risk of falls.