Glossary of Key Terms for the Global Guidelines for Falls Initiative.

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| **GLOSSARY OF KEY TERMS** |
| **AGREE-II** | The Appraisal of Guidelines for REsearch & Evaluation (AGREE) Instrument is a tool that assesses the methodological rigour and transparency with which a clinical practice guideline is developed.1 |
| **Assessment Tools** | Fall risk assessment tools including balance, gait, and/or mobility assessment tools for falls prediction, completed by any healthcare professional.2 |
| **Cardiovascular Intervention** | Recommendations for cardiovascular interventions include any advice or guidance geared towards management of syncope and cardiovascular risk factors for falls: this includes recommendations for individuals with cardiovascular conditions (i.e., blood pressure outside of age/sex typical norms).  |
| **Caregiver** | In the present review, caregivers or carers encompass all individuals who care for older adults. |
| **Clinical Practice Guideline** | Recommendations on diagnosis and treatment of a medical condition predominantly for healthcare professionals to use in clinical practice.3 |
| **Cognitive Factors and Management** | Management of cognitive factors includes any recognition of cognitive risk factors for falls, including evaluation of cognitive impairment, performance in specific cognitive domains, and/or cognitive management with interventions to enhance cognitive function to potentially reduce fall risk. |
| **Deprescribing** | The process of withdrawal of an inappropriate medication under the supervision of a health care professional to manage polypharmacy and improve fall-related outcomes.4 |
| **Environment Modification** | Any guidance or advice on modifying the individual’s home environment (such as furnishings and adaptations to homes)2 to prevent obstacles that may increase the risk of falls. Environment modification also includes advice to prevent slips by modifying flooring to provide better grip and reduce the presence of loose rugs and carpets, which may serve as tripping hazards.  |
| **Exercise Recommendations** | Any guidance or advice to perform structured physical activity for preventing future falls and/or managing the consequences of past falls. This includes supervised exercises by an instructor as well as unsupervised exercises recommended to individuals.2 |
| **Fall** | An event in which an individual comes to rest on the ground, floor, or lower level.5 |
| **Fall Related Injury** | An injury sustained following a fall.6 This includes medical attention for a fall such as fractures (otherthan thoracic vertebral or lumbar vertebral), joint dislocation, hospitalization, head injury, sprain orstrain, bruising, swelling, cutting, or other serious injury following a fall. |
| **Fall Risk Assessment** | A set of assessments performed to identify individuals at highest risk for falls, upon whom to target specific interventions.7 This includes fall screening tools (short tests to determine fall risk).2 |
| **Fall Risk Increasing Drugs (FRIDs)** | Medications known to increase the risk of falls.8-11 |
| **Falls Education** | Any advice or guidance on fall prevention and management strategies. |
| **Fall Risk Stratification Algorithm** | The systematic process of decision-making and intervention that should occur for falls risk case findings in patients.12 |
| **Footwear Evaluation and Recommendations** | Any advice or guidance to modify footwear to reduce slips, trips, and falls. This is typically done by apodiatrist or chiropodist.2  |
| **Fractures and Osteoporosis Management** | Any advice or guidance to prevent, or treat fractures and/or osteoporosis as risk factors for falls and fall-related injuries. |
| **GRADE Recommendations**  | The ‘‘Grades of Recommendation, Assessment, Development, and Evaluation’’ (GRADE) approach provides guidance for rating quality of evidence and grading strength of recommendations in health care.13 |
| **Hemodynamic Intervention** | Any advice or guidance geared towards management of syncope and hemodynamic risk factors for falls: this includes recommendations for individuals with cardiovascular conditions (i.e., blood pressure outside of age/sex typical norms). Assessment of basic cardiovascular status such asheart rate and postural pulse may also be done.2 |
| **Hip Protectors Recommendations** | Any guidance on the use of hip protectors for the prevention of fall-related injuries. Hip protectors consist of foam pads or plastic shields that are worn to protect and shield individuals from hip fractures following a fall.14 |
| **Medication Review** | A systematic assessment of medications from medical records, prescriptions, and supplementation by qualified medical personnel such as a physician, nurse, or pharmacist.15 |
| **Multifactorial Interventions** | Any recommendation to perform several intervention strategies simultaneously (i.e., physical exercise paired with vision modification) to prevent or minimize falls and related injuries. This may entail interventions that include two or more sub-domains that may be linked to an individual’s risk profile.2 |
| **Older Adults** | Individuals 60 years of age or older.16 |
| **Physiotherapy Referral** | Any advice for the individual to seek help from a physiotherapist to prevent future falls and/or manage symptoms of previous falls. Physiotherapists include professionals who treat disorders of bones, muscles, and the circulatory and nervous systems.2 |
| **Risk Stratification** | Any method to stratify individuals based on falls risk, indicating them to be at a high, moderate, or low risk for future falls. This entails a diagnostic process intended to plan coordinated treatment based on the individual’s falls risk.2 |
| **STOPPFall** | A screening tool used to identify pharmacological prescriptions that may increase the risk of falls in older adults.17 |
| **Technology (including wearables)** | Any technology to prevent and/or manage falls, including wearable technological assistive devices that can be worn on the individual while moving (i.e., watch) and communicate attributes of the individual to her/him based on sensors (i.e., step-count).18 |
| **Vitamin D Recommendations** | In the present review, recommendations in vitamin D entail any guidance or advice on supplementation with vitamin D to prevent and/or manage falls. |
| **Vision Modification** | Any advice or guidance to correct visual impairment for the prevention of future falls. Vision modification methods include the prescription of glasses and/or contact lenses, as well as cataract surgery to correct for visual impairment. Assessment and treatment of visual acuity, depth perception, contrast sensitivity and cataracts are all a part of in vision modification for fallsprevention.2 |

References List

1. Brouwers MC, Kho ME, Browman GP, et al. AGREE II: advancing guideline development, reporting, and evaluation in health care. *Prev Med.* 2010;51(5):421-424.

2. Skelton DA, Todd CJ, ProFa NEG. Prevention of Falls Network Europe: a thematic network aimed at introducing good practice in effective falls prevention across Europe. Four years on. *J Musculoskelet Neuronal Interact.* 2007;7(3):273-278.

3. IQWiG. *What are clinical practice guidelines?* Cologne, Germany: *Institute for Quality and Efficiency in Health Care*;2016.

4. Reeve E, Gnjidic D, Long J, Hilmer S. A systematic review of the emerging de fi nition of 'deprescribing' with network analysis: implications for future research and clinical practice. *Br J Clin Pharmacol.* 2015;80(6):1254-1268.

5. Lamb SE, Jorstad-Stein EC, Hauer K, Becker C, Prevention of Falls Network E, Outcomes Consensus G. Development of a common outcome data set for fall injury prevention trials: the Prevention of Falls Network Europe consensus. *J Am Geriatr Soc.* 2005;53(9):1618-1622.

6. Oliver D, Healey F, Haines TP. Preventing falls and fall-related injuries in hospitals. *Clin Geriatr Med.* 2010;26(4):645-692.

7. Perell KL, Nelson A, Goldman RL, Luther SL, Prieto-Lewis N, Rubenstein LZ. Fall risk assessment measures: an analytic review. *J Gerontol A Biol Sci Med Sci.* 2001;56(12):M761-766.

8. Seppala LJ, van de Glind EMM, Daams JG, et al. Fall-Risk-Increasing Drugs: A Systematic Review and Meta-analysis: III. Others. *J Am Med Dir Assoc.* 2018;19(4):372 e371-372 e378.

9. Seppala LJ, van der Velde N, Masud T, et al. EuGMS Task and Finish group on Fall-Risk-Increasing Drugs (FRIDs): Position on Knowledge Dissemination, Management, and Future Research. *Drugs Aging.* 2019;36(4):299-307.

10. de Vries M, Seppala LJ, Daams JG, et al. Fall-Risk-Increasing Drugs: A Systematic Review and Meta-Analysis: I. Cardiovascular Drugs. *J Am Med Dir Assoc.* 2018;19(4):371 e371-371 e379.

11. Seppala LJ, Wermelink A, de Vries M, et al. Fall-Risk-Increasing Drugs: A Systematic Review and Meta-Analysis: II. Psychotropics. *J Am Med Dir Assoc.* 2018;19(4):371 e311-371 e317.

12. Guideline for the prevention of falls in older persons. American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention. *J Am Geriatr Soc.* 2001;49(5):664-672.

13. Guyatt GH, Oxman AD, Schunemann HJ, Tugwell P, Knottnerus A. GRADE guidelines: a new series of articles in the Journal of Clinical Epidemiology. *J Clin Epidemiol.* 2011;64(4):380-382.

14. Santesso N, Carrasco-Labra A, Brignardello-Petersen R. Hip protectors for preventing hip fractures in older people. *Cochrane Database Syst Rev.* 2014(3):CD001255.

15. Sjoberg C, Wallerstedt SM. Effects of medication reviews performed by a physician on treatment with fracture-preventing and fall-risk-increasing drugs in older adults with hip fracture-a randomized controlled study. *J Am Geriatr Soc.* 2013;61(9):1464-1472.

16. Snider EL. Young-old versus old-old and the use of health services. Does the difference make a difference? *J Am Geriatr Soc.* 1981;29(8):354-358.

17. Seppala LJ, Petrovic M, Ryg J, et al. STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high fall risk): a Delphi study by the EuGMS Task and Finish Group on Fall-Risk-Increasing Drugs. *Age Ageing.* 2020;50(4):189-1199.

18. Godfrey A. Wearables for independent living in older adults: Gait and falls. *Maturitas.* 2017;100:16-26.