NICE guideline 249

'Falls: assessment and prevention in older people and in people 50 and over at higher risk'

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National Institute for Health and Care Excellence (2025) Falls: assessment and prevention in older people and in people 50 and over at higher risk. Available from https://www.nice.org.uk/guidance/ng249”

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- guidelines containing evidence-based recommendations on health, social care and public health topics
- technology appraisals guidance assessing effectiveness of new medicines, procedures, devices and diagnostic agents
- medical technologies guidance evaluating new innovative medical technologies and diagnostics

NICE recommendations – interventions, not delivery / service structures

Context for guideline update

- 2013 NICE CG161 ‘Falls in older people: assessing risk and prevention’ published
- 2017 NICE QS86 'Falls in older people'
- Cochrane Reviews
    - 2018 – multifactorial and multicomponent interventions in the community
    - 2018 – interventions in hospitals
    - 2019 – exercise
    - 2023 – environmental interventions
    - 2024 – population-based interventions
- 2022 'World Guidelines for Falls Prevention and Management for Older Adults'

NG249 Timeline

- March 2022 – update scoping workshop
- April 2022 – draft scope out for consultation (23 organisations commented)
- September 2022 - final scope published
- May 2023 to April 2025 – fourteen guideline development committee meetings; nine evidence reviews; one health economic analysis
- October 2024 – draft guideline out for consultation (38 organisations commented)
- April 2025 – NG249 ‘Falls: assessment and prevention in older people and in people 50 and over at higher risk’ published

NG249 Guideline Development Committee

Chair (non-specialist)

Pre-Committee: Consultant Geriatrician; Consultant Physiotherapist; Consultant in Public Health

Committee: Consultant Nurse; Nurse Specialist; Old Age Psychiatrist; Care home representative; General Practitioner; lay member x 2

Coopted members: Professor of Geriatric Medicine; Exercise Professional; Pharmacist; Occupational Therapist

NG249 Scope

Populations: people aged 65 and over; people aged 50 to 64 with 1 or more factors that could increase their risk of falls.

Factors that can increase risk of falls: long-term conditions associated with increased risk of falls such as dementia, Parkinson's disease, or stroke; people with a learning disability.

Settings: community; hospital; residential care (new)

Key issues

- Information and education about falls for people (and their families and carers)
- Identifying people at risk of falls for further individual risk factor assessment
- Individual risk factor assessment for people at risk of falls
- Interventions to reduce the risk of falls

Evidence reviews

A. Information and education needs – 17 qualitative studies
B. Clinical assessment – 11 studies
C. Accuracy of screening tools – 34 cohort studies on 15 tools
D. Use of electronic patient records to identify patients at risk – 11 cohort studies
E. Assessment of risk factors – 22 cohort studies
F. Prevention in community settings:
    Exercise - 136 randomised controlled studies
    Multi-component / multi-factorial interventions – 81 randomised controlled studies
    Environmental interventions – 22 studies
    Also education, medication, Vitamin D, nutrition, psychological and surgical interventions
G. Prevention in hospital settings – 34 randomised controlled studies
H. Prevention in residential care settings – 22 randomised controlled studies
I. Maximising participation, adherence and continuation – 5 studies

Falls: assessment and prevention in older people and in people 50 and over at higher risk

NICE guideline | NG249 | Published: 29 April 2025

Download guidance (PDF)

Overview

This guideline covers assessing risk of falling and interventions to prevent falls in all people aged 65 and over, and people aged 50 to 64 who are at higher risk of falls. It aims to reduce the risk and incidence of falls, and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

For information on related topics, see the NICE topic page on injuries, accidents and wounds.

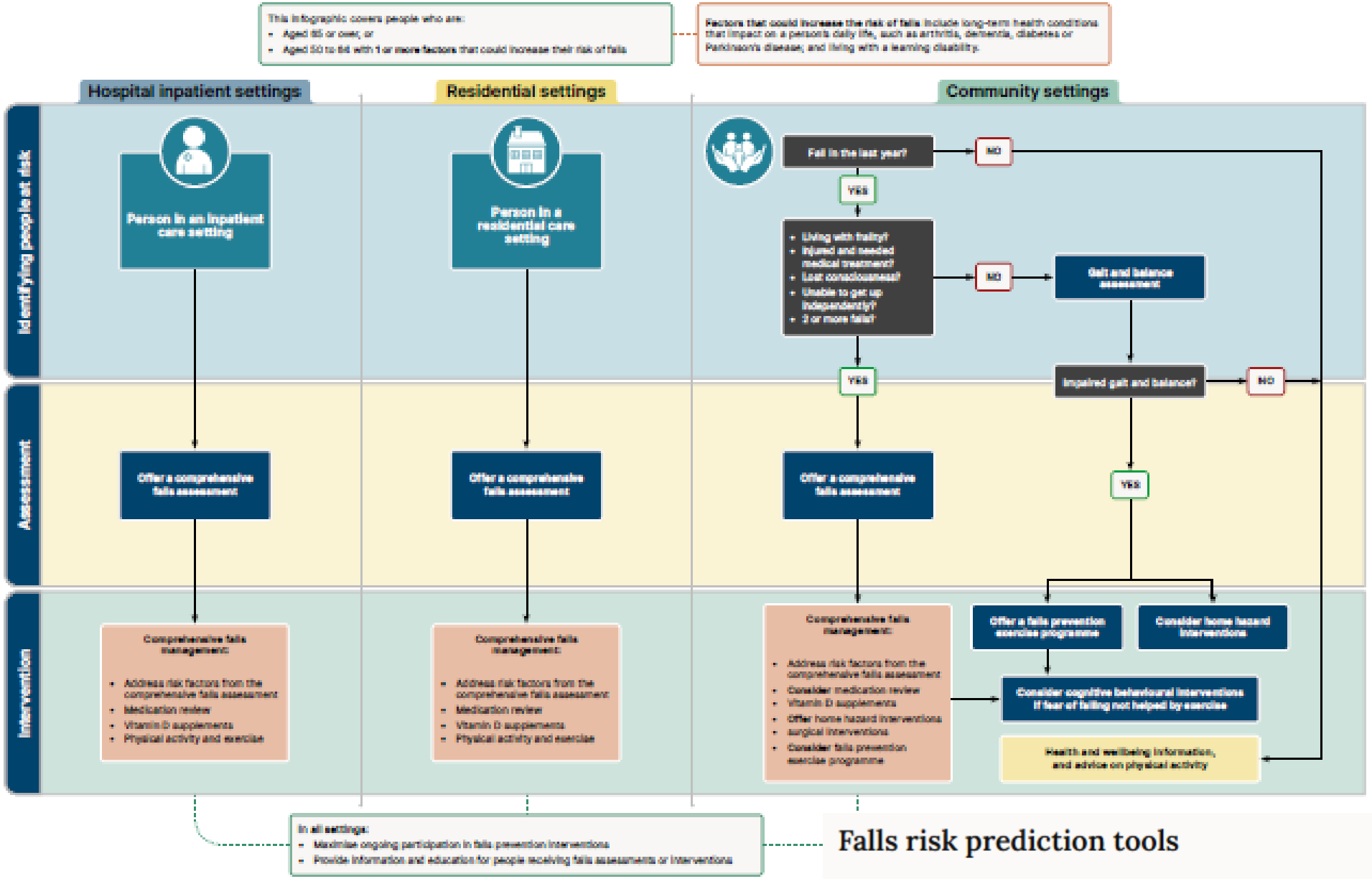
Last reviewed: 29 April 2025

This guideline updates and replaces the NICE guideline on falls (CG161, published 2013).

Related quality standards

Falls

Falls in older people: assessing risk and prevention

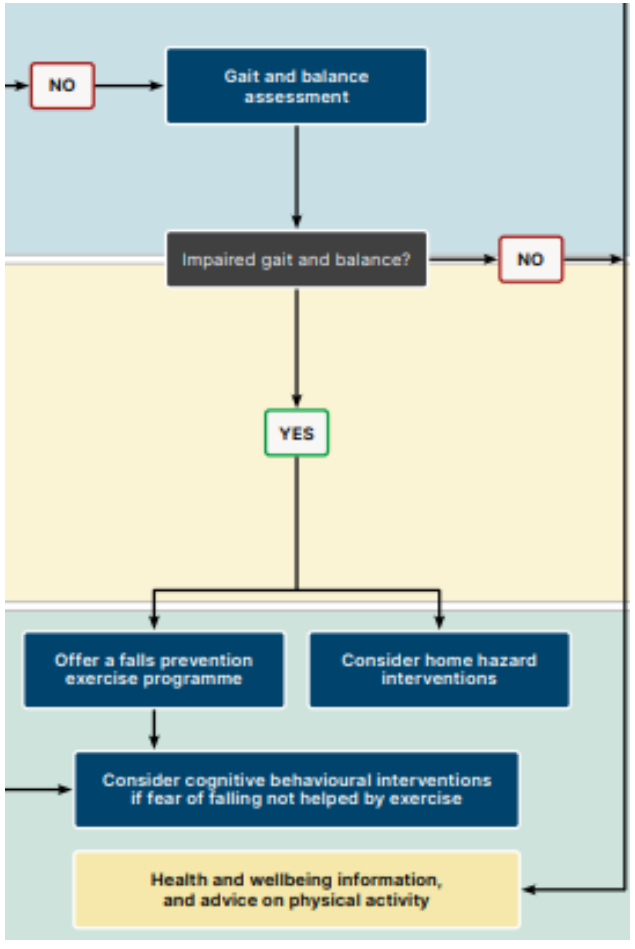


Falls risk prediction tools

1.1.1 Do not use falls risk prediction tools to predict a person's risk of falling.

Community settings - falls prevention exercise and home hazard assessment and modification

Falls prevention exercise



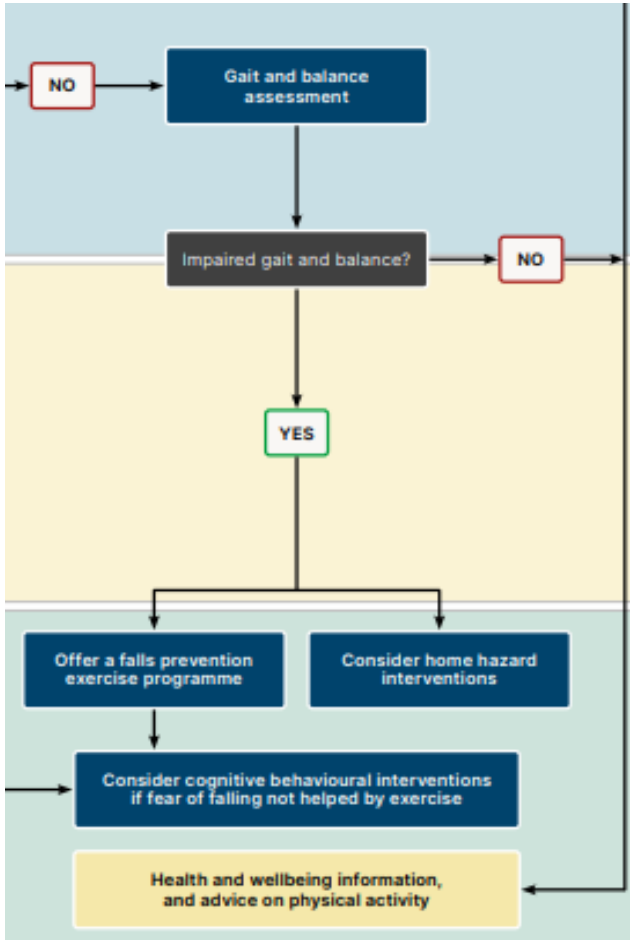
1.1.4 For people who have fallen in the last year and who do not have any of the criteria for comprehensive falls assessment and comprehensive falls management, assess their gait and balance

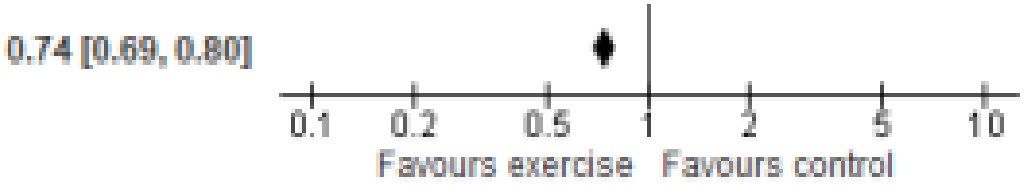
1.1.5 If impaired gait and balance offer falls prevention exercise and consider home hazard assessment

1.3.10 Falls prevention exercise programmes should:

- be delivered by appropriately trained professionals
- be progressive and tailored to the person's specific needs, preferences, goals and abilities
- focus on functional components related to the person's risk of falls, such as balance, coordination, strength and power
- include regular exercise progress reviews
- be delivered in such a way, including duration of programme, to bring about behaviour change related to physical activity and sedentary habits.

Falls prevention exercise (cont.)





- Exercise reduces rate of falls by 26%
- Examples of quality assured falls prevention exercise programmes in UK – Otago, Falls Management Exercise (FaME).
- Links in 'Tools and resources' section
- Physical activity recommendations across all settings

1.3.11 Consider cognitive behavioural interventions when concerns about falling not helped by falls prevention exercise

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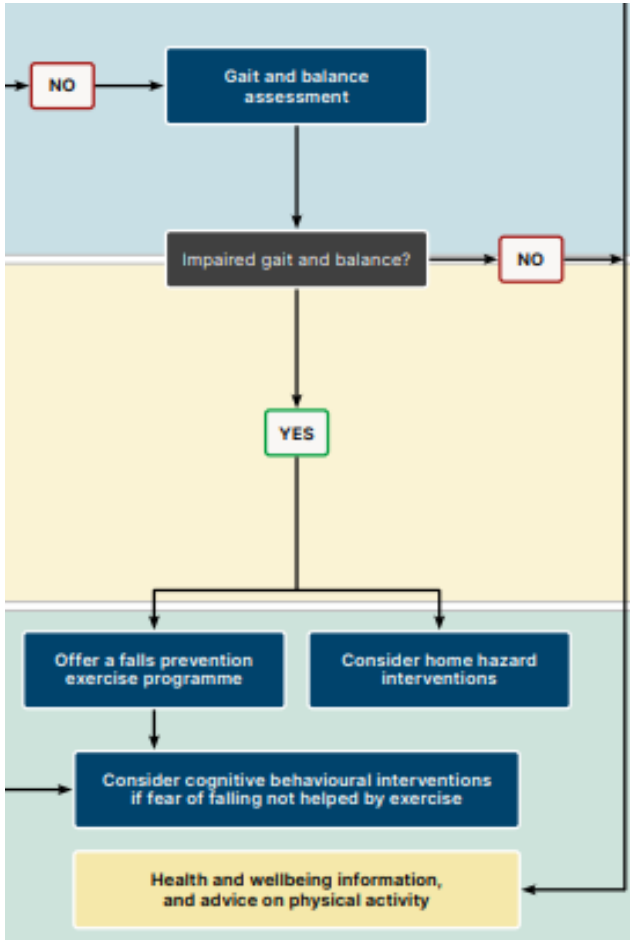
Home hazard assessment and intervention



1.3.13 Consider a home hazard assessment and intervention using a validated tool.

1.3.14 Consider having the home hazard assessment and intervention from recommendation 1.3.13 carried out by an occupational therapist. If an occupational therapist does not carry out the assessment and intervention, it may be done by:

- an appropriately trained healthcare professional **or**
- an appropriately trained therapy assistant or technician, with supervision from an appropriately trained healthcare professional.

Low quality evidence that greater benefit was shown when delivered by an occupational therapist

NICE economic modelling – home hazard assessment and intervention carried out by occupational therapists less costly and more effective than those by therapy assistants or technicians

Comprehensive assessment and management

Who should receive comprehensive assessment?

- ALL hospital inpatients aged 65 or over
- Hospital inpatients aged 50-64 with 1 or more factors that could increase their risk of falls

- ALL residents of care homes (residential and nursing) aged 65 or over
- Residents of care homes aged 50-64 with 1 or more factors that could increase their risk of falls

- Community dwelling people aged 65 and aged 50-64with 1 or more factors that could increase their risk of falls who:
  - 2+ more falls
  - Fall with injury that requires medical attention
  - Unable to get up
  - Loss of consciousness
  - Living with frailty

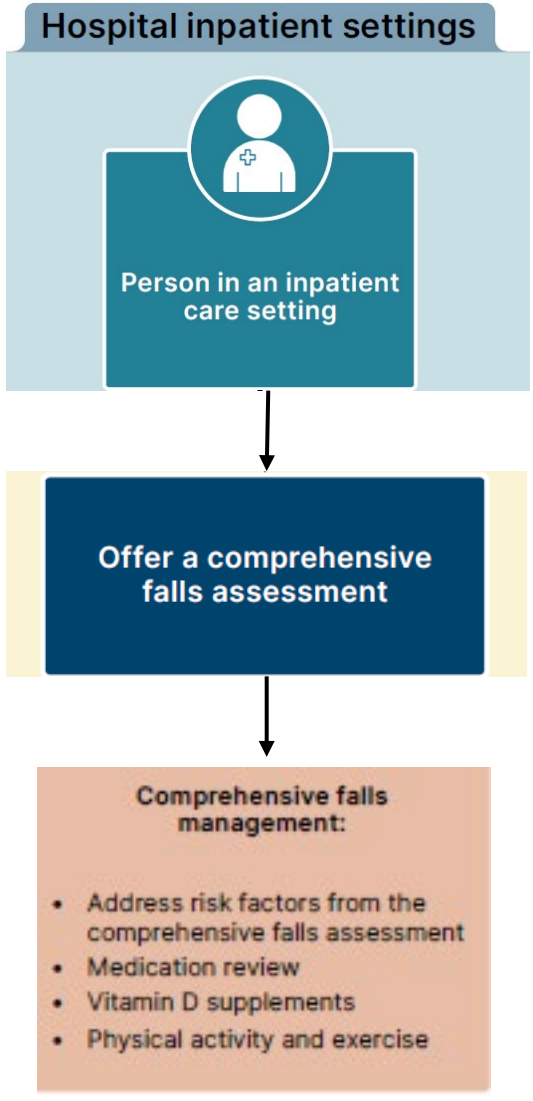
Factors that increase the risk of falling

- Long term conditions that associated with increase risk of falls such as:
  - Dementia
  - Parkinson’s disease
  - Stroke
- People with a learning disability

Comprehensive assessment

- Alcohol misuse
- Cardiovascular examination (including a lying and standing blood pressure test).
- Cognition and mood
- Delirium
- Diet, fluid intake and weight loss.
- Dizziness
- Footwear and foot condition.
- Functional ability and concerns about falling.
- Gait, balance and mobility, and muscle strength assessment.
- Hearing impairments.
- Long-term conditions that affect the person's daily life
- Medication review.
- Neurological examination.
- Osteoporosis risk assessment
- Urinary continence.
- Visual impairments.

What does this mean for inpatient settings?



No risk stratification indicated

Carry out **comprehensive assessment** of all inpatients

- Aged 65 or over
- aged 50-64 with 1 or more factors that could increase their risk of falls

Interventions

1.3.15: Interventions are **tailored to address** any falls risk factors:

- during the patient's expected stay
- related to the ward environment
- individually tailored education

1.3.16: At discharge from hospital, consider referring the person to community services

1.3.17: **Medication review**

1.3.18: Follow NHS advice on **vitamin D** supplementation

1.3.19: Encourage people to **remain active**

What does this mean for inpatient settings?

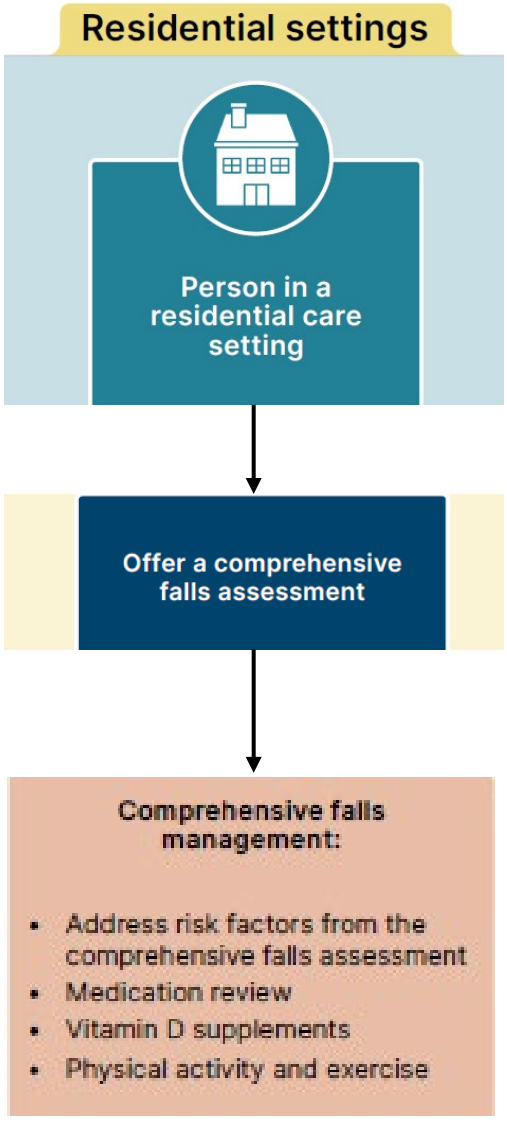
- No screening, risk stratification **– ALL older patients** should have a comprehensive assessment

- **Address the findings** of the comprehensive assessment
- Encourage patients to **stay as active as possible** while in hospital

- Little difference from previous guidelines and NAIF recommendations

? Delivered via: the MDT with specialist clinical support, senior leadership and executive responsibility

What does this mean for residential care settings?



No risk stratification indicated
Carry out **comprehensive assessment** of all residents aged over 65 or aged 50-64 with 1 or more factors that could increase their risk of falls

Interventions
1.3.20: Interventions **tailored to address** any fall risk factors identified in the comprehensive assessment.
1.3.21: **Medication review**
1.3.22: Review, discuss and plan **withdrawal of psychotropic** medications. Consider discussion with mental health services
1.3.23: Follow NHS advice on **vitamin D** supplementation
1.3.24: Encourage people to **remain active**
1.3.25: **Exercise programme** to address the persons risk of falls

What does this mean for residential care settings?

Enhanced health in care homes framework

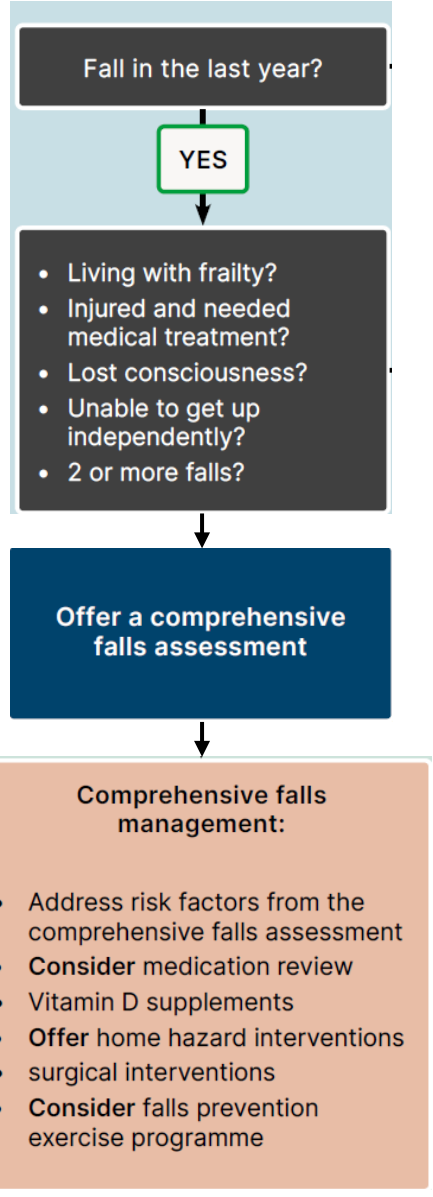
D. Falls and falls prevention

Each year around one third of people aged over 65 experience one or more falls, rising to 50% in those over 80. People living in care homes are three times more likely to experience a fall than people living in the community (British Geriatrics Society, 2020). A fall can result in suffering, disability, loss of independence and decline in quality of life, even when there is no injury. However, over 40% of hospital admissions from care homes are falls related (Anaba-Wright and Kefas, 2020), 10% of residents who fall sustain a fracture, and 40% of all injury deaths in care homes are the result of a fall (Rubenstein, 2006). The Falls in Care Homes study (FinCH) found the Action Falls programme reduced the rate of falls by over 43% compared with residents who did not receive this intervention, without restricting a resident's activity levels or increasing their dependency (Logan et al, 2021).

ACTION FALLS

? Delivered via: care home staff development, GP care home contracts, EHCH MDT working – community services

What does this mean for community settings?



Who needs comprehensive assessment?

Step 1:

- Opportunistic question about falls: **FALL IN THE LAST YEAR**

Step 2:

- Ascertain if the person is:
  - Living with frailty
  - Had a fall-related injury that needed medical or surgical care
  - Lost consciousness
  - Could not get up independently within 30mins of the fall
  - Two or more falls in the past year

Those with one fall and balance impairments should be directed straight to exercise / HHA&M

What does this mean for community settings?

1.3.1: Interventions **tailored and address any fall risk factors** identified in the comprehensive assessment.

1.3.2: **Medication review**

1.3.3: Review, discuss and plan **withdrawal of psychotropic medications**. Consider discussion with mental health services

1.3.5: Offer a **home hazard assessment** and intervention using a validated tool.

1.3.6 Consider having the home hazard assessment carried out by **an occupational therapist.**

1.3.7: If the person has visual impairment caused by cataracts, **refer them to an ophthalmologist**

1.3.8: If the person has experienced falls with an unexplained cause:

- investigate possible cardioinhibitory **carotid sinus hypersensitivity** as a cause and **consider cardiac pacing** if indicated.

1.3.9: Consider **a falls prevention exercise programme** for people who need comprehensive assessment and management.

1.3.11: Consider **cognitive behavioural interventions** for people who have concerns about falling that are not helped by strength and balance exercises.

What does this mean for community settings?

How might this be delivered in practice?

- Interdisciplinary / multidisciplinary personnel with skills in:
  - Neuromusculoskeletal assessment / rehab
  - Medication review
  - Assessment and management of syncope / cardiovascular system
  - Functional assessment (including ADLs and home environment)
  - CGA
  - Cognitive assessment
  - Mood / psychology

What does this mean for community settings?

How might this be delivered in practice?

- MDT specialist falls clinic
  - Those with suspected syncope / cardiovascular causes of falls
- MDT community falls teams
  - Domiciliary
  - Clinic based
- Primary care
  - May be able to do many components of the comprehensive assessment depending on service configuration

Summing up

Many new recommendations in NG249 in comparison to CG161

This includes:

- expanded number areas for assessment
- increased focus on physical activity including falls prevention exercise
- residential care settings

Aligned with 'World Falls Guidelines'

Next step – supporting implementation