

# Falls among older people

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## LETTERS

## PREVENTING FALLS IN OLDER PEOPLE

# Falls among older people—are intervention duration and specificity the keys to making a difference?

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As Oliver says,<sup>1</sup> strength and balance training reduces falls in older people, with greater benefits when the weekly training exceeds three hours.<sup>2</sup> Exposing enough people at risk of falls to interventions for enough time to yield population level improvements is one of the main challenges, so the required exposure time for interventions is an essential consideration.

Another intervention that may be more time efficient is reactive (or perturbation based) balance training.<sup>3</sup> Although few randomised controlled trials have been conducted, evidence indicates that just a single session or a few training sessions, including repeated slips or trips, lead to long term benefits, reflected in reduced incidence of falls and improved stability control.<sup>4,5</sup> The driving theory is that this training hones the skills required to avoid falls after balance disturbances, such as rapid reactive stepping, counter rotations of the upper body and limbs, and grasping reactions.<sup>3,6</sup> We do not expect athletes to win Olympic medals without practising the skills of their sports, so why should we expect older adults to fall less often without practising the skills required for avoiding falls?

Implementing reactive balance training is more challenging than traditional exercise and should be conducted with care, but recent work has provided examples of how this can be achieved.<sup>6</sup> Further research is required, but with the potential for similar

or greater reductions in falls in a fraction of the time compared with current practice, reactive balance training provides opportunities to tackle some of the current challenges facing our healthcare systems regarding falls.

Competing interests: None declared.

Full response at: <https://www.bmj.com/content/361/bmj.k1655/rr-0>.

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