

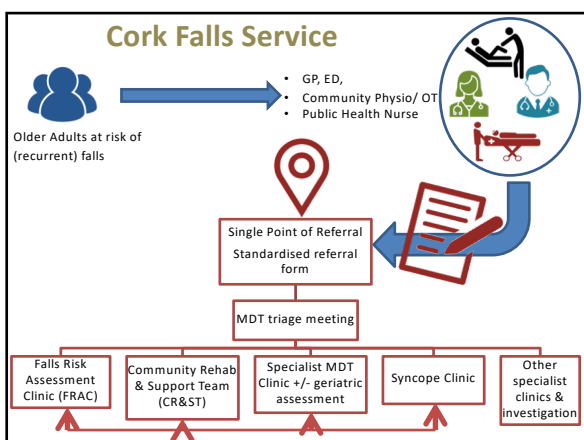
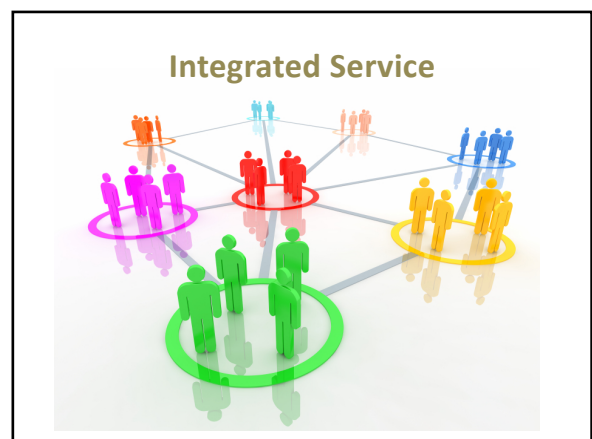
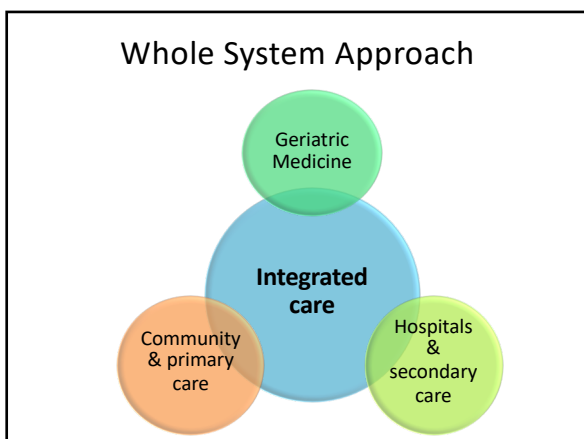
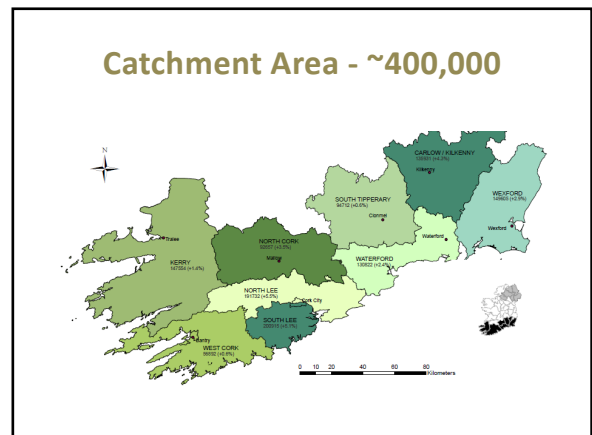

mercy
 UNIVERSITY HOSPITAL
Compassion Excellence Justice Respect Team Spirit

Cases & Traces

Cork Falls Prevention Service


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Case 1

- 79 year old man
- Recurrent falls – 2-3 years
- Increased frequency recently
- Fear of falling

- Dural arteriovenous fistula posterior fossa - subarachnoid haemorrhage - neurosurgical intervention November 2016



Case 1

Background

- Atrial fibrillation
- DC cardioversion for acute fast atrial flutter December 2018
- Radiofrequency ablation February 2019
- Deafness & vestibular dysfunction – ENT
- GORD
- COPD – ex-smoker
- Previous TURP
- Lives with niece

Case 1

Assessments

- ECHO good LV systolic function & no valvular disease
- 24 hour ABP - 104/74
- Orthostatic hypotension

- Berg Balance – 40/56
- Timed TUG – 24 secs

- MoCA 28/30

Medications

- Rivaroxaban
- Flecanide
- Nebivolol
- Symbicort
- Silodosin
- Bumetanide - stopped

Case 1 - Issues

- Falls & syncope overlap
- Multiple pathologies
- Fear of falling
- History
- Multidisciplinary team
- Multi-factorial approach



Case 1 - Management

- Medical
 - Cardiology follow-up
 - Co-ordinate review notes across three hospitals
 - Orthostatic hypotension education
 - Medication / bone health
- Nursing
 - Psychological support
 - Family support & education
 - Information & link to other services
 - Alarm raising
 - Counter-pressure training
- Community rehabilitation team
 - Physiotherapy / occupational therapy
 - Home assessment

Case 2

- 84 year old man
- CR&ST – home assessment
- Recurrent falls – 18 months
- Increased frequency
- Mainly unwitnessed
- Inconsistent recollection
- Limited progress with rehabilitation programme at home



Case 2

Background

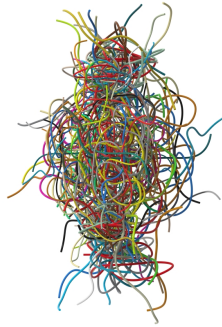
- Hodgkin's Lymphoma 2017 – chemotherapy
- Type II Diabetes Mellitus
- Past history of alcohol excess
- Lives with his wife

Assessment

- Mildly Frail - CFS – 5
- MCI – QMCI 52/100 & MoCA 20/30
- Berg balance 44/56
- Peripheral neuropathy
- Orthostatic hypotension
- CVDx – bilateral cerebellar infarcts & microvascular disease

Issues – Case 2

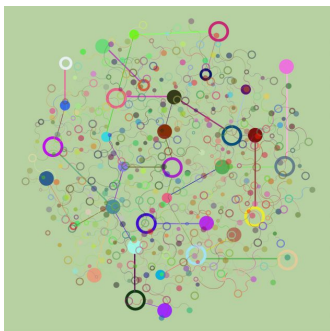
- Frailty, falls & syncope
- Autonomic dysfunction
 - Paraneoplastic
 - Chemotherapy
 - Type II DM
 - Alcohol
- Hodgkin's Disease
 - Neuropathy
 - Muscular Atrophy
- Acute & chronic cerebral hypoperfusion
- Multifactorial Approach



Case 2 - Management

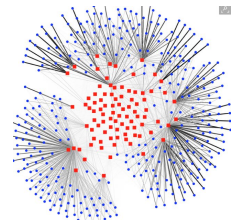
- Medical
 - Review medication
 - Review vascular risk factor management
 - Orthostatic hypotension education & management
 - Bone health
 - Co-ordinate on-going care – frail – day hospital
- Nursing
 - Falls prevention education
 - Information & link to other services
 - Counter-pressure training
- Memory intervention & support service
 - Memory gym
- Community rehabilitation team (CR&ST)
 - Physiotherapy / occupational therapy
 - Re-introduce home rehabilitation & involve wife
 - Rehabilitation assistant

Complexity of falls & syncope in older adults

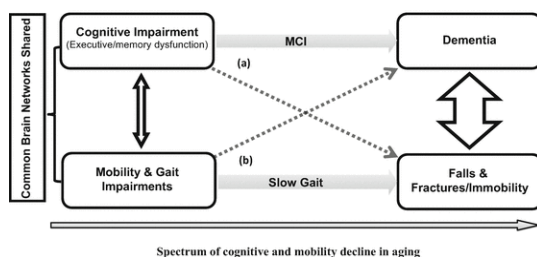


Syncope, Dizziness & Falls Overlap

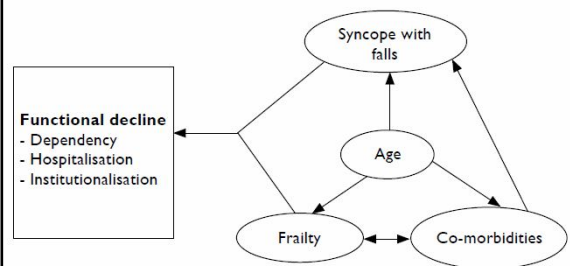
- Often atypical presentations make diagnosis difficult
- The syncope event is often multifactorial, with many predisposing factors
- Management is often complicated
 - Underlying co-morbidities
 - Concomitant medication use
 - Cognitive decline
 - Functional decline
 - Declined psychosocial support



Overlapping Syndromes



Age, frailty, co-morbidities & syncope



CW Wong – Hong Kong Med J 2018

Syncope with frailty & co-morbidities

Recommendations	Class	Level
1. A multifactorial evaluation and intervention is recommended in older patients because more than one possible cause for syncope and unexplained fall may be present.	I	B
2. Cognitive assessment and physical performance tests are indicated in older patients with syncope or unexplained fall.	I	C
3. Modification or discontinuation of possible culprit medications, particularly hypotensive drugs and psychotropic drugs, should be considered in older patients with syncope or unexplained fall.	Ia	B
4. In patients with unexplained fall, the same assessment as for unexplained syncope should be considered.	Ia	C

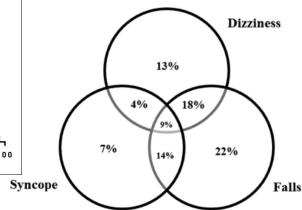
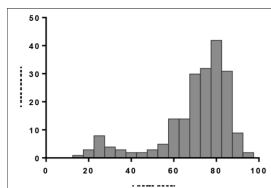
2018 ESC Guidelines on syncope

Thank you

- @AgeWellCork
- @CorkFallService

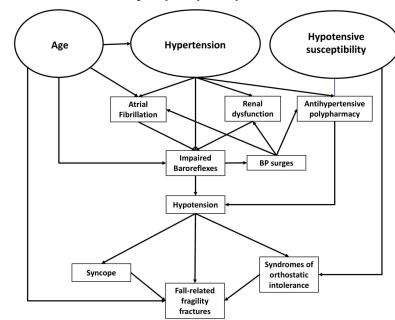


Syncope, Dizziness & Falls Overlap



Syncope, Dizziness and Falls Overlap Among Patients Referred to a Falls and Syncope Service at the University of Malaya Medical Centre – Int J of Cardiology December 2017

Pathophysiological mechanisms underlying impaired baroreflex function and recurrent syncope in paced patients.



Ekrem Yasa et al. Open Heart 2019;6:e001015

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