STAND STEADI:

Role of Community Pharmacists

In Fall Prevention

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**00:00:05,000 --> 00:00:07,000**

Community pharmacists can help

with older adult fall

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**00:00:08,000 --> 00:00:10,000**

prevention. They can screen

older adults who are at

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**00:00:10,000 --> 00:00:13,000**

increased risks for falls. They

can identify medications that

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**00:00:14,000 --> 00:00:16,000**

place patients at higher risk

for falls. And then they can

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**00:00:17,000 --> 00:00:19,000**

make medication recommendations

that will lower that patient’s

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**00:00:20,000 --> 00:00:23,000**

falls risk. Patients typically

use a pharmacy that’s convenient

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**00:00:23,000 --> 00:00:26,000**

for them. They usually get all

their medications in one

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location because it’s a

convenience factor. And we have

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**00:00:29,000 --> 00:00:31,000**

the advantage as pharmacists to

see all the medications that a

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**00:00:32,000 --> 00:00:35,000**

patient is on. There are certain

medications that place patients

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**00:00:36,000 --> 00:00:39,000**

at high risk for falls. These

are classified as high-risk

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**00:00:40,000 --> 00:00:42,000**

medications. They might have

more side effects that might

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**00:00:43,000 --> 00:00:45,000**

lead to dizziness, they might

impair your ability to react,

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**00:00:46,000 --> 00:00:50,000**

your reaction time, and those

medications also put you at

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**00:00:51,000 --> 00:00:54,000**

increased risk for falls.

So, every time I see a patient

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**00:00:54,000 --> 00:00:56,000**

who’s 65 and older come into

the pharmacy taking 4 or more

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**00:00:57,000 --> 00:00:59,000**

medicines, a light goes off in

my head that I need to start

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**00:01:00,000 --> 00:01:02,000**

screening these patients to see

if they’re at high risk for falls.

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**00:01:03,000 --> 00:01:06,000**

We use the three questions from

the STEADI Initiative, which

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can be asked by anyone.

That information is then shared

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**00:01:11,000 --> 00:01:13,000**

with the pharmacist and then the

pharmacist does a comprehensive

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**00:01:14,000 --> 00:01:17,000**

medication review. If they

identify a medication related

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**00:01:18,000 --> 00:01:20,000**

issue that is pertinent to that

patient, they’ll have a

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conversation with the patient

about are they ready to change.

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**00:01:23,000 --> 00:01:26,000**

They’ll educate the patient on

the risk related to falls and how

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**00:01:27,000 --> 00:01:29,000**

that medication could increase

that patient’s risk for falls. And if

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**00:01:30,000 --> 00:01:33,000**

the patient has buy-in, and

wants to change the medications,

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**00:01:34,000 --> 00:01:36,000**

that information will be shared

with the patient’s primary care

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**00:01:37,000 --> 00:01:40,000**

provider. Pharmacists have a

fantastic opportunity every time

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**00:01:41,000 --> 00:01:42,000**

a patient walks into the

pharmacy that they can have a

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**00:01:43,000 --> 00:01:45,000**

conversation with patients and

what’s happening in their life,

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**00:01:46,000 --> 00:01:49,000**

what’s going on, how are the

medications affecting them,

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**00:01:49,000 --> 00:01:53,000**

how is their gait, how are they

walking. So, the conversations

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that community pharmacists have

with their patients are rich and

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full of information. They can

take the information that they

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**00:02:00,000 --> 00:02:02,000**

learn from that conversation,

then to further educate the

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**00:02:03,000 --> 00:02:06,000**

patient on what are some other

risk factors, and what are ways

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**00:02:07,000 --> 00:02:09,000**

that they can reduce their risk

for falls. And through that

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**00:02:10,000 --> 00:02:13,000**

education, that can prompt the

patient then to go have further

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**00:02:14,000 --> 00:02:16,000**

conversations with other members

of the healthcare provider team.

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**00:02:17,000 --> 00:02:20,000**

So, UNC and CDC have partnered

to develop tools for community

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**00:02:21,000 --> 00:02:24,000**

pharmacies that will help with

screening. So, how to

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**00:02:25,000 --> 00:02:27,000**

incorporate the three STEADI

screening questions within the

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**00:02:28,000 --> 00:02:31,000**

community pharmacies within

their workflow. We also have

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**00:02:32,000 --> 00:02:34,000**

developed tools regarding

medication and medication

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**00:02:35,000 --> 00:02:36,000**

reviews, and how do you write

your medication reviews if you

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**00:02:37,000 --> 00:02:40,000**

identify a high-risk medication

for an older adult. We also

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**00:02:41,000 --> 00:02:44,000**

identify tools for how do you

communicate that information

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to the primary care provider

offices so that the information

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**00:02:48,000 --> 00:02:49,000**

can be shared and you can

coordinate care with that

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**00:02:50,000 --> 00:02:51,000**

patient’s primary care provider.