

**EXAMINATION OF FALL-RELATED MEDICATIONS AND FALL-RISK  
AS PREDICTORS OF FALL-RELATED HOSPITALIZATION  
AMONG A COHORT OF COMMUNITY-DWELLING OLDER ADULTS**

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Zoom Link <https://binghamton.zoom.us/j/95176233881>

**Abstract**

**Background:** Falls are among the most significant health problems confronting older adults. Approximately a third of community-dwellers over the age of 65 and nearly one-half of institutionalized persons or those 80 years and older will fall or have fall-related issues every year.

**Purpose:** This study aimed to examine fall-related medications and fall-risk as predictors of fall-related hospitalizations among a cohort of community-dwelling older adults in the southern tier of New York.

**Methods:** The study included 8,499 patients from 14 primary care practices within a large hospital system. Bivariate and multivariate analyses were conducted to examine the associations between fall-related medications and fall-risk, and their interactions as predictors of fall-related hospitalizations.

**Results:** The study found that older adults with a fall-related medication score of six or more were 1.7 times more likely to have fall-risk ( $p < .001$ ). In bivariate analyses, most fall-related medications showed no relationship with fall-related hospitalizations except for the anticonvulsant group ( $p = .011$ ). When controlling for age and gender, the odds of a fall-related hospitalization were more than three times higher for those with fall-risk ( $OR = 3.42, p < .001$ ) and almost six times higher for those with fall-risk and a fall-related medication score of 10 or more ( $OR = 5.76, p < .001$ ).

**Conclusion:** The findings highlight the association between fall-related medications, fall-risk, and fall-related hospitalizations among older adults. Being on a large number of fall-related medications appears to significantly increase the odds of a fall-related hospitalization for older adults with fall-risk.