Surveys of elderly persons living in their own homes show that about a third give a history of a fall during the previous 12 months (Exton-Smith, 1977; Prudham and Evans, 1981; Sheldon, 1948). There is an increasing prevalence of falls with age and a higher rate of falls among females than males. In the 65–69 age-group the prevalence of falls is about 13% for males and 30% for females, and rises in the 80–84 age-group to 33% and 44% respectively. In those aged 85 years and over a decreased prevalence has been noted both in men (Exton-Smith, 1977) and women (Prudham and Evans, 1981). The significance of this decline in prevalence rates among the very elderly is not clear since the numbers of persons involved is rather small, but it has been suggested that this may represent the survival of an exceptionally fit élite (Exton-Smith, 1977). It is worth noting, however, that although at age 65–74 falls are twice as common in women as in men the sex difference is much less in extreme old age. The overall female: male ratio in community studies is approximately 2 to 1 or higher (Lucht, 1971; Prudham and Evans, 1981), but within a residential home the ratio is much lower and approaches unity (Gryfe, Amies and Ashley, 1977). Retrospective information obtained from elderly persons living at home estimates the annual incidence of falls per 1000 elderly persons to be about 500 (Wild, Nayak and Isaacs, 1981). A 5-year prospective study in an institutional population found a higher overall rate of 668 falls per 1000 persons per year (Gryfe, Amies and Ashley, 1977).
INJURY RATE

A commonly observed feature is that injury rates are much lower than the overall prevalence of falls. Studies based on elderly persons seen in a hospital accident and emergency department following a fall show an injury rate of 14–19 per 1000 persons over the age of 60, per year (Lucht, 1971; Waller, 1978). Interestingly the rate of severe falls (that is, those resulting in fractures or soft tissue injuries requiring suturing) is much higher within the protected environment of an institution at 117 falls per 1000 residents per year (Gryfe, Amies and Ashley, 1977).

![Figure 3.1](image) Cumulative mortality in 125 fallers and 125 controls in 12 months after index fall. (From Wild, Nayak and Isaacs, reproduced by permission of the editor of the British Medical Journal.)

MORTALITY

Old persons admitted to hospital because of a fall have a higher mortality than other patients in a geriatric unit (Naylor and Rosin, 1970). Of old persons who fall and injure themselves sufficiently to need the attention of their general practitioner or a hospital accident and emergency department 17–25% are dead within a year of the fall (Figure 3.1). In the great majority of cases the death does not appear to be related to the accident (Morfitt, 1983; Waller, 1978; Wild, Nayak and Isaacs, 1981). The number of fatal falls in the home rises with increasing age from 14.6 per 100,000 inhabitants for 65–74 years to 268.4 per 100,000 for 85 years and above