

# Is Excess Alcohol Consumption an Unrecognized Factor Contributing to Falls?

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We read with interest the excellent paper by Woo et al.<sup>1</sup> The investigators profile community-dwelling Singaporeans according to their Mini-Mental scores and Berg Balance scores (BBS). The findings suggest that subtle cognitive impairment and BBS scores  $\leq 40$  may increase the risk of falling. This approach may allow identification of “high-risk” candidates in primary care. We would like to suggest one other factor that may add to their data set. There is little known about the effect of daily alcohol consumption and falls within the community. We would like to share our experience of 100 consecutive patients over the age of 65 who were admitted to a UK day care center following a fall. All of these patients were living in the community at the time of their referral. As well as standard history, examination, and investigational protocols we also employed the World Health Organization fast alcohol screening tool (FAST) tool.<sup>2,3</sup> A score of 8 or more is considered as hazardous drinking and corresponds to a minimum of 7 units of alcohol per day.

In our sample of 100 adults (75 males) over the age of 65 (range: 72-87, median: 76), we were surprised to record that

8 (8%) of 100 had a FAST score of 8 or more. We consider that this is the first report of hazardous alcohol consumption in patients over the age of 65 associated with falls. Although this is only an association, we wonder if this is a contributing factor to falls and if future studies should specifically undertake alcohol consumption assessments as part of the mandatory protocol for investigating patients over the age of 65 who present with falls. Furthermore, there may well be international variations depending on the customs and practices of different ethnic groups.

## References

1. Woo MT, Davids K, Liukkonen J, Chow JY, Jaakkola T. Falls, cognitive function, and balance profiles of Singapore community-dwelling elderly individuals: key risk factors. *Geriatr Orthop Surg Rehabil.* 2017; 8(4):256-262. doi:10.1177/2151458517745989.
2. FAST alcohol screening tool. WHO designed by <http://www.effectivepi.co.uk/>.
3. Williams N. The AUDIT questionnaire. *Occup Med (Lond).* 2014; 64(4):308. doi:10.1093/occmed/kqu011.

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