

## Surveillance Report

**1 of every 20 hospitalizations among older adults was due to an unintentional fall. That's 1660 hospitalizations a year.**

Data source: MHDDS, 2009-2012

### Montana Injury Prevention Program

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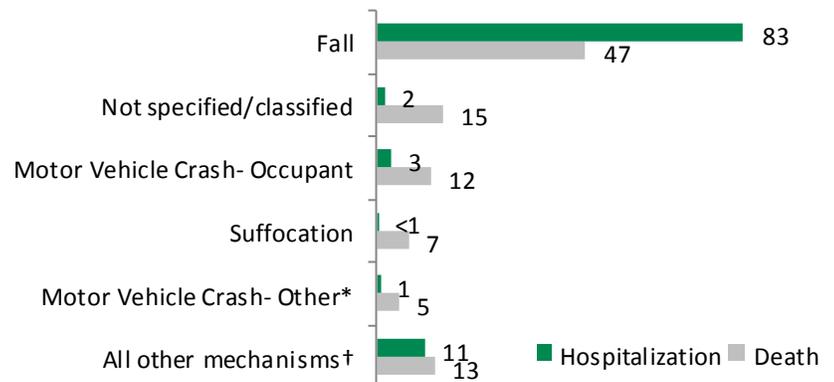


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Department of Public Health & Human Services

# Prevent Injuries by Keeping Older Adults on their Feet

Injuries do not have to be an inevitable part of aging. They are preventable. When injuries do occur among older adults, they can lead to significant disability, loss of independence, or death. This report highlights the injuries that are most common among older adults (aged 65 years and older) in Montana and provides information on preventing specific injuries.

**Figure 1. Percent of unintentional injury deaths (n=1,909) and hospitalizations§ (n=8,000) among adults aged 65 years and older by mechanism, OVS, 2002-2011 and MHDDS, 2009-2012**



§ 16% of injury hospitalizations among adults aged 65 years and older were missing codes indicating intent of the injuries. Therefore the reported number of hospitalizations due to unintentional injuries is likely to be an underestimate.

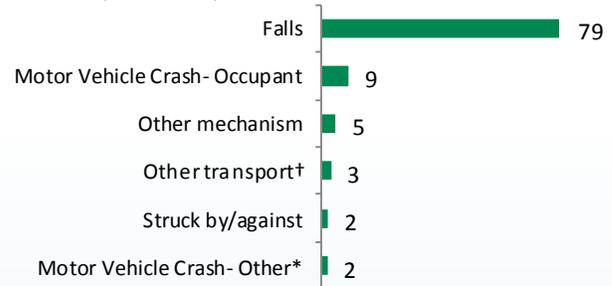
\*Injured person was motorcyclist, pedal cyclist, pedestrian, or other person injured in traffic.

† This category includes mechanisms such as poisoning, other types of transport, overexertion, environmental, machinery, pedal cyclist (not traffic-related), firearm, drowning, struck by object, and fire/burn.

- Falls accounted for nearly half (47%) of deaths due to unintentional injury among older adults (Figure 1).
- Most (83%) hospitalizations for unintentional injuries among older adults were due to falls.
- One in eight (12%) unintentional injury-related deaths among older adults were to occupants in motor vehicle crashes.
- Other common causes of unintentional injury-related death were suffocation and traffic-related injury of cyclists, pedestrians, and motorcyclists.

- Among adults aged 65 years and older, the majority (79%) of unintentional injury-related hospitalizations involving traumatic brain injuries (TBI) were due to falls (Figure 2).

**Figure 2. Percent of TBI-related hospitalizations due to an unintentional injuries§ (n=941) by mechanism, MHDDS, Montana, 2009-2012**



§15% of TBI-related hospitalizations among adults aged 65 years and older were missing codes indicating intent of the injuries. Therefore the reported number of hospitalizations involving a TBI and unintentional injury is likely to be an underestimate.

† Other transport include non-traffic transport such as ATVs, snowmobiles, boats, and cars or motorcycles not in traffic.

\*Injured person was motorcyclist, pedal cyclist, pedestrian, or other person injured in traffic.

## Prevention Opportunities

**Falls:** Severe injuries, including serious head injuries, can be associated with falls. To prevent fall-related injuries:

- Wear appropriate foot wear and corrective lenses to prevent slipping, tripping, or falling down stairs.
- Use handrails and make sure aisles and walkways are clear of items.
- Exercise regularly to increase strength and balance.
- Have an annual eye exam to assess vision.
- Regularly review your prescriptions and over the counter medication with your health care provider to reduce side effects and interactions that may increase the risk for a fall.

**Traumatic Brain Injury (TBI):** Recognize signs and symptoms of a TBI, which can include confusion, loss of coordination, nausea, headache, or memory problems. Older adults taking blood thinners are at increased risk for complications from a TBI. If being evaluated for a TBI, be sure to disclose any current medications you may be taking, especially anticoagulants (blood thinners).

**Motor Vehicle Crash:** Proper restraint is crucial to protect occupants in the event of a crash. Montana law requires every vehicle occupant be properly restrained.

- Drive when conditions are the safest, during daylight and good weather.
- Leave a large following distance behind the car in front of you.
- Avoid distractions while driving like talking on the phone, texting, or eating.
- Do not drive while taking medications that cause drowsiness or affect your reaction time.

**Suffocation:** Choking and asphyxiation are significant hazards for older adults. Suffocation can also occur when an older adult falls and does not have the strength to stand or becomes lodged in a tight space.

- Eat while properly positioned and prepare food of manageable sizes and textures.
- Ensure a good denture fit.
- Install grab bars in showers and rails on beds.

For more information on injury prevention in Montana, see the Montana Injury Prevention Program's website at <http://www.dphhs.mt.gov/ems/prevention/> or contact the Montana Injury Prevention program at: [bperkins@mt.gov](mailto:bperkins@mt.gov), 406-444-4126.

### Methods

Data for this report are from the Montana Office of Vital Statistics (OVS) for 2002-2011 using ICD-10.<sup>1</sup> Hospitalization data are from the Montana Hospital Discharge Data System (MHDDS) for 2009-2012 using ICD-9-CM,<sup>2</sup> external cause of injury coding. Hospital Discharge Data are made available courtesy of the Montana Hospital Association. Injuries leading to deaths or hospitalization were classified by intent and mechanism according to the CDC Injury Matrices and the Safe States Alliance criteria.<sup>3,4</sup> Data include Montana residents only.

### References

1. <http://apps.who.int/classifications/icd10/browse/2010/en>
2. <http://icd9cm.chrisendres.com/index.php?action=contents>
3. [http://www.cdc.gov/nchs/injury/injury\\_matrices.htm](http://www.cdc.gov/nchs/injury/injury_matrices.htm)
4. Injury Surveillance Workgroup. Consensus recommendations for using hospital discharge data for injury surveillance. Marietta, GA: Safe States Alliance; 2003.