

Medicines and Falls Chart		
V4.0	Last reviewed: January 2023	Review Date: January 2026

Potential effect on falls risk										
Medicine	Blurred vision	Confusion	Dizziness	Drowsiness	Fainting	Hypotension	Increased fracture risk	Movement disorder	Postural hypotension	Sleep disturbance
<i>Alfuzosin</i>	✓		✓	✓	✓				✓	
<i>Amiodarone</i>	✓					✓				✓
<i>Amitriptyline</i>	✓	✓	✓	✓					✓	✓
<i>Amlodipine</i>	✓	✓	✓		✓	✓				✓
<i>Atenolol</i>	✓	✓	✓			✓				✓
<i>Baclofen</i>		✓	✓	✓		✓				✓
<i>Bendroflumethiazide</i>	✓								✓	
<i>Betahistine</i>				✓						
<i>Bisoprolol</i>			✓			✓				✓
<i>Bumetanide</i>			✓						✓	
<i>Buprenorphine</i>	✓	✓	✓	✓					✓	✓
<i>Candesartan</i>			✓			✓				
<i>Carbamazepine</i>	✓	✓	✓	✓				✓		
<i>Carvedilol</i>	✓	✓	✓			✓				✓
<i>Chlordiazepoxide</i>	✓	✓	✓	✓		✓				✓
<i>Chlorphenamine</i>	✓	✓	✓	✓						
<i>Chlorpromazine</i>	✓	✓	✓	✓		✓		✓		✓
<i>Cinnarazine</i>	✓	✓	✓	✓				✓		
<i>Citalopram</i>		✓	✓	✓				✓	✓	✓
<i>Clomipramine</i>	✓	✓	✓	✓					✓	✓
<i>Clonazepam</i>	✓	✓		✓		✓				
<i>Clozapine</i>	✓	✓	✓	✓		✓		✓		

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<i>Co-amilofruse</i>			✓		✓				✓	
<i>Co-beneldopa</i>	✓	✓	✓	✓					✓	✓
<i>Co-careldopa</i>	✓	✓	✓	✓					✓	✓
<i>Co-codamol</i>	✓	✓	✓	✓					✓	✓
<i>Codeine</i>	✓	✓	✓	✓					✓	✓
<i>Cyclizine</i>	✓	✓		✓				✓		
<i>Diazepam</i>	✓	✓		✓		✓				
<i>Digoxin</i>	✓	✓	✓							
<i>Dihydrocodeine</i>	✓	✓	✓	✓					✓	✓
<i>Diltiazem</i>			✓	✓	✓	✓			✓	✓
<i>Donepezil</i>			✓		✓					✓
<i>Dosulepin</i>	✓	✓	✓						✓	✓
<i>Doxazosin</i>	✓		✓	✓	✓				✓	
<i>Duloxetine</i>	✓		✓	✓	✓			✓	✓	✓
<i>Enalapril</i>	✓	✓	✓	✓		✓				✓
<i>Felodipine</i>			✓		✓	✓				
<i>Fentanyl</i>	✓	✓	✓	✓					✓	
<i>Fludrocortisone</i>	✓						✓			✓
<i>Fluoxetine</i>	✓	✓	✓	✓		✓		✓		✓
<i>Flupenthixol</i>	✓	✓	✓	✓		✓			✓	✓
<i>Furosemide</i>	✓								✓	
<i>Gabapentin</i>	✓	✓	✓	✓					✓	✓
<i>Galantamine</i>	✓		✓	✓		✓				
<i>Glyceryl Trinitrate</i>			✓		✓				✓	

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<i>Haloperidol</i>	✓	✓	✓	✓		✓			✓	✓
<i>Hydroxyzine</i>	✓	✓	✓	✓						✓
<i>Imipramine</i>	✓	✓	✓	✓					✓	✓
<i>Indapamide</i>	✓		✓						✓	
<i>Irbesartan</i>			✓			✓				
<i>Isosorbide Mononitrate</i>			✓		✓				✓	
<i>Lamotrigine</i>	✓	✓	✓	✓				✓		✓
<i>Levetiracetam</i>	✓	✓	✓	✓						✓
<i>Lisinopril</i>			✓	✓	✓	✓				✓
<i>Lofepramine</i>	✓	✓	✓	✓					✓	✓
<i>Lorazepam</i>	✓	✓		✓		✓				
<i>Losartan</i>			✓			✓				✓
<i>Memantine</i>		✓	✓	✓						
<i>Metoclopramide</i>		✓	✓	✓		✓		✓		
<i>Mirtazapine</i>		✓	✓	✓	✓			✓	✓	✓
<i>Morphine</i>	✓	✓	✓	✓					✓	✓
<i>Nicorandil</i>			✓			✓				
<i>Nifedipine</i>	✓		✓		✓	✓				✓
<i>Nitrazepam</i>	✓	✓		✓		✓				
<i>Nortriptyline</i>	✓	✓	✓	✓					✓	✓
<i>Olanzapine</i>	✓	✓	✓	✓		✓		✓		
<i>Olmesartan</i>			✓			✓				
<i>Oxazepam</i>	✓	✓	✓	✓		✓				
<i>Oxybutynin</i>	✓	✓	✓	✓						

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<i>Oxycodone</i>	✓	✓	✓	✓					✓	✓
<i>Paroxetine</i>		✓	✓	✓				✓	✓	✓
<i>Perindopril</i>	✓	✓	✓			✓				✓
<i>Phenytoin</i>		✓	✓	✓				✓		✓
<i>Pramipexole</i>	✓	✓	✓	✓				✓	✓	✓
<i>Prednisolone</i>							✓			✓
<i>Pregabalin</i>	✓	✓	✓	✓				✓		✓
<i>Prochlorperazine</i>	✓	✓	✓	✓		✓		✓		✓
<i>Procyclidine</i>	✓	✓	✓							
<i>Promethazine</i>	✓	✓	✓	✓		✓				
<i>Propranolol</i>	✓	✓				✓				✓
<i>Quetiapine</i>	✓	✓	✓	✓		✓		✓		✓
<i>Ramipril</i>	✓		✓							
<i>Risperidone</i>	✓	✓	✓	✓		✓		✓		✓
<i>Rivastigmine</i>		✓	✓	✓	✓			✓		✓
<i>Ropinirole</i>		✓	✓	✓	✓	✓		✓		
<i>Rotigotine</i>		✓	✓	✓	✓			✓	✓	✓
<i>Selegiline</i>	✓	✓	✓			✓		✓	✓	✓
<i>Sertraline</i>		✓	✓	✓				✓	✓	✓
<i>Sodium Valproate</i>		✓		✓			✓	✓		
<i>Solifenacin</i>	✓		✓	✓						
<i>Tamsulosin</i>	✓		✓	✓	✓				✓	
<i>Temazepam</i>	✓	✓		✓		✓				
<i>Tolterodine</i>	✓		✓	✓						

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<i>Topiramate</i>	✓	✓	✓	✓				✓		✓
<i>Tramadol</i>	✓	✓	✓	✓					✓	✓
<i>Trazodone</i>	✓	✓	✓	✓					✓	✓
<i>Trospium</i>	✓	✓	✓							
<i>Valsartan</i>			✓			✓				
<i>Venlafaxine</i>		✓	✓	✓				✓	✓	✓
<i>Verapamil</i>	✓		✓		✓	✓		✓		
<i>Zolpidem</i>	✓	✓	✓	✓						✓
<i>Zopiclone</i>	✓	✓	✓	✓		✓				

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Side Effect	Rationale
Blurred vision	Blurred vision results in a loss of sharpness of eyesight, making objects appear out of focus or hazy. This increases risk of falls as a person may bump into furniture or doorways or misjudge a shadow for a door frame. A person may describe double vision, blurred vision or poor vision.
Confusion	Confusion is characterised by disturbance in orientation, memory, attention and perception
Dizziness	The term dizziness means different things to different people – some use it to describe feeling lightheaded or off-balance, while others use it to describe a feeling that their surroundings are spinning.
Drowsiness	Drowsiness is a feeling of sleepiness and lethargy, and people may fall asleep at inappropriate times.
Fainting	Fainting (syncope) is caused by a short (transient) temporary reduction in blood flow to the brain. It can be caused by a slow heart rate, a fall in blood pressure when a person stands up or a sensitivity in the carotid sinus in the neck which can be triggered turning the head or wearing a tight collar and tie.
Hypotension	Hypotension is low blood pressure which can cause symptoms such as dizziness, light-headedness, fainting or a feeling of nausea. It is important to check a person's blood pressure if you suspect hypotension. People with a BP reading under 90/60 millimetres of mercury (mm Hg) are usually regarded as having a low BP.
Increased fracture risk	These medicines can lead to loss of bone density which in turn can increase the risk of fracture when a person falls from standing height.
Movement disorder	Movement disorders affect the speed, fluency, quality and ease of movement. Abnormal fluency or speed of movement (called dyskinesia) may involve excessive or involuntary movement (hyperkinesia) or slowed or absent voluntary movement (hypokinesia).
Postural Hypotension	This can also be called orthostatic hypotension and is caused by a drop in blood pressure when the body changes position. Postural hypotension is diagnosed when a lying and standing blood pressure measurement shows a drop of 20 mm Hg in systolic blood pressure or a drop of 10 mm Hg in diastolic blood pressure within two to five minutes of standing up. If postural hypotension is suspected, a lying and standing blood pressure must be carried out.
Sleep disturbance	Sleep disturbance can include nightmares, restless leg syndrome, insomnia and changes in sleep pattern.

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The Medicines and Falls chart was first produced in 2004 (version 1) by the Rushcliffe Falls Prevention and Research Group and was awarded the British Pharmaceutical Society Servier Best Practice Award in 2006. This chart has been updated (version 5) by the Nottinghamshire Healthcare NHS Foundation Trust Falls Group with representation from clinicians and pharmacists and ratified by the Trust’s Medicines Optimisation Group.

What is the purpose of the Medicines and Falls Chart?

The Medicines and Falls Chart supports anyone completing the Guide to Action for Falls Prevention Tool in identifying possible side effects that may be contributing to falls.

The chart alphabetically outlines medicines most commonly associated with falls and the potential effect these medicines have on falls risk due to known side effects. The side effects are coded by symbol, and a supporting table explains the impact of these effects on falls risk in more detail. This chart is a general guide; the list is not exhaustive and only the main side effects have been listed.

It is intended that this information will enable a person completing the Guide to Action for Falls Prevention Tool (or those identifying people at risk of falls through opportunistic case finding), to either alert the GP that a medication review may be required or suggest that the older person contacts their GP to discuss their medication in relation to their falls risk.

What the Medicines and Falls Chart is NOT

This chart is not a medication review. It acts as a prompt for a review to be carried out if required, by an appropriately qualified clinician. At no time should this chart be used to recommend a person alters or stops taking their medication – it is to prompt a referral for a medication review if this is felt appropriate.

Where did the information on the Medicines and Falls Chart come from?

The chart contains information derived from the online BNF, online manufacturer’s Summary of Product Characteristic profiles and PresQIPP. Potential effects of the medicines included were reviewed with regard to their relevance to falls risk and therefore the list of side effects for individual medicines is not exhaustive.

When will the Medicines and Falls Chart be updated?

The Chart will be reviewed in 3 years’ time (2026) unless major changes to any of the medicines included occur.

Who has approved the use of the Medicines and Falls Chart?

The Medicines and Falls Chart was ratified by the Trust’s Medicines Optimisation Group, Nottinghamshire Healthcare NHS Foundation Trust 01/2023 and the Area Prescribing Committee 01/2023

The use of **STOPPFall** as a screening tool is suggested to identify fall-risk-increasing medicines when performing a medication review in older fallers, as part of a multifaceted strategy. STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high fall risk) is a screening tool that aims to support prescribers in deprescribing falls risk-increasing medicines and outlines where to consider withdrawal of medication or whether a stepwise withdrawal is needed and whether monitoring is advised after deprescribing. [appendixstoppfall2020- clean copy afa249.pdf \(silverchair-cdn.com\)](https://www.silverchair-cdn.com/appendixstoppfall2020-clean_copy_afa249.pdf)