Background and Importance Falls in the elderly have a multi-factorial component, among these factors, one of the main causes is chronic consumption of benzodiazepines (BZD).

Aim and Objectives To describe the prevalence of chronic consumption of anxiolytic BZD in elderly people who have suffered falls within hospital admission schemes.

Material and Methods Cross-sectional descriptive and observational study in a health area. We identified through the Minimum Basic Data Set (CMBD) patients older than 64 years with hospital admission with code W19.XXXA (Unspecified acute fall, initial contact) according to the International Classification of Diseases version 10, between 2017 and 2021. Variables collected: date of birth, sex, comorbidities and Van Walraven Comorbidity Index.

Chronic consumption (more than 4 weeks) of anxiolytic BZD (ATC-WHO code N05BA) recorded in the prescription billing system was analysed in these patients. Patients who had picked up BZD at the community pharmacy during the fall episode were the ones selected.

Data were analysed using Stata/BE v17 statistical software.

Results 1385 patients (63.8% female) with acute fall code hospital admission between 2017 and 2021 were identified. Median age at admission was 82.6 [IQR 11.5]. And median of Van Walraven Comorbidity Index was 5.0 [IQR 11.0], mainly: hypertension (49.0%), arrhythmias (29.5%) and diabetes (22.4%). Patients that had more than one fall episode represented 6.5% of total, with a median of 7.0 [IQR 7.4] days of hospitalisation. Chronic anxiolytic BZD use during the fall episode was observed in 23.3% (77.3% female) of patients. The most frequently used anxiolytic BZD were lorazepam (48.6%), bromazepam (29.4%) and diazepam (14.3%), the first two being of short/intermediate half-life and diazepam of long half-life.

Conclusion and Relevance Almost a quarter of the study population with unspecified acute falls were chronic anxiolytic BZD users, mainly with a short/intermediate half-life. Because BZD use in the elderly is a causative factor in falls, it is necessary to adjust treatment, recommending de-prescription or gradual dose reduction where possible.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest