

Menopause Puts Women At Higher Risk Of Fall-Related Injuries

By CARA ROSNER Conn. Health I-Team Writer Feb. 15, 2017

A growing number of women are getting hurt by falling, and they are much more likely to suffer fall-related injuries than men, data show.

From 2011 to 2014, 51 women per 1,000 population were hurt in falls, up from 47 per 1,000 from 2005 to 2008, according to recent data from the National Center for Health Statistics and the Centers for Disease Control and Prevention (CDC).

Falls were the most common cause of nonfatal injuries to women, the report found, and significantly outpaced injuries from overexertion, the second leading cause of injury that afflicted just 14 per 1,000.

Hormone-related changes associated with menopause are the main reasons women are so prone to falling, especially as they age, said Dr. Karen Sutton, an orthopaedic surgeon, director of Women's Sports Medicine at Yale New Haven Hospital, and associate professor of orthopaedics and rehabilitation at the Yale School of Medicine.

"Their muscles are weaker, their bones are weaker," she said, since hormone changes lead to reduced bone mass and the onset of osteoporosis in many women.

Men, on the other hand, typically don't experience deterioration as rapidly because testosterone increases muscle mass and bone density, she added.

Research has shown women are far more likely than men to be injured in falls. A 2005 study published in the journal *Injury Prevention* found that in 2001 more than 1.6 million adults aged 65 or older were treated in hospital emergency departments for unintentional fall injuries, and 71 percent, or nearly 1.2 million, were women.

In Connecticut, women are more likely than men to be hospitalized due to a fall, data show, but the gender gap here has been diminishing in recent years. And both genders became less likely between 2008 and 2013 to be hospitalized after falling.

According to state Department of Public Health data, in 2013 there were 173.6 women per 100,000 hospitalized after a fall, compared with 170.3 men per 100,000 – versus 2008, when there were 273.5 women per 100,000, compared with 202.9 men per 100,000.

Fall-related injuries can lead to months of recovery, as Elaine Crocco of Woodbridge learned. The 66-year-old, who was a patient of Sutton's, tripped and fell in June 2016 while walking from

the pool to the women's locker room at the Jewish Community Center of Greater New Haven. She landed on her left hip, which she fractured.

"I was in agony, absolute agony," Crocco said.

After an emergency department visit, surgery to put pins in her hip, and a four-day hospital stay, Crocco underwent rehabilitation and physical therapy at The Willows in Woodbridge for five days. She then did outpatient physical therapy nearby three times a week for a couple of months.

The recovery "is really scary because you can't put any weight on your foot," she said, but she is grateful the process went smoothly.

She tries to be careful, she said, because she has fallen several other times. Her right knee bothers her, she said, and she is prone to tripping. Last June was the first time she suffered a fracture.

There are certain things women (and men) can do to help prevent falls.

"Stay physically active," Sutton said, since strengthening muscles will, in turn, make bones stronger and less susceptible to osteoporosis. Using weights and doing squats and lunges are good strength training techniques, she said.

It's also important to do activities that improve balance since people tend to lose a bit of their balance as they age, she said. Walking or hiking on uneven surfaces and walking stairs frequently can help, she said.

"The biggest issue is bone fragility," said Dr. Jeffrey Meter, an orthopedic surgeon and co-director of the fragility fracture program at St. Francis Hospital and Medical Center in Hartford. "When women fall, they're more likely to sustain fractures."

Men and women reach peak bone density at age 30, he said, but density then deteriorates much more quickly in women than it does in men, due in large part to menopause, he added.

Diabetes is one of the main causes of balance problems, Meter said, so people with the disease should be especially cautious and try to embrace a healthy lifestyle.

Taking multiple medications also can increase one's likelihood of falling so patients should speak with their doctors to be sure any medications they are taking are necessary, he said. Blood thinners in particular, he added, increase the risk of bleeding in the brain after a fall.

A growing number of senior citizens are eager to learn how they can avoid falling, said Susan Cavanaugh, a senior physical therapist and specialist in balance and vestibular disorders at Greenwich Hospital. She and a colleague lead fall prevention lectures in Greenwich and Stamford that have become very popular among senior citizens.

"We always have a packed house," she said. "We've had to add lectures. It's a hot topic."

What began as an annual lecture series five years ago has grown into events that now take place every several months, typically drawing 50 or more people. Many attendees have suffered from falls or have noticed their balance starting to get worse, Cavanaugh said.

Often, small acts—like removing small area rugs from the home, avoiding ladders and stepstools, and wearing sensible footwear—can greatly reduce the chances of falling, Cavanaugh said.

"There are certain things in our life that make us more prone to falling that we can't change, but there are certain things we can," she said.

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