

# Prescriptions, Supplements, and Everything in Between

Understanding the link between medications and preventing falls as we age





# **Prescriptions, supplements and everything in between**

UNDERSTANDING THE LINK  
BETWEEN MEDICATIONS AND  
FALLS AS WE AGE

# INCIDENCE OF FALLS

- Annually 25% of people over the age of 65 fall and report it to their doctor
- 37% over age of 85 fall and report it to their doctor
- It is estimated that half of falls are never reported to health care provider
- Falling once doubles your chance of falling again
- Falls are the number one cause of injury death in older adults

# FALL RISK FACTORS

---

PREVIOUS FALL

---

LACK OF STRENGTH/LACK OF BALANCE

---

HOME AND ENVIRONMENTAL SAFETY HAZARDS

---

VISION AND HEARING CHANGES

---

PROBLEMS WITH FEET AND IMPROPER FOOTWEAR

---

CERTAIN MEDICAL CONDITIONS

---

**BEING ON 4 OR MORE MEDICATIONS**

---

BEING IN A HURRY



42% of older adults take 5 or more  
prescription medications

# Why do medication related falls happen more in the older population?



Taking more meds



Body doesn't eliminate medications as efficiently



More drug interactions



More medical conditions adding to falls risk



3 out of 4 older adults take at least one medication commonly linked to falls

# A BRIEF PHARMACOLOGY AND MEDICINE LESSON

The body's ability to break down and eliminate drugs is decreased as we age

As we age, people tend to be on more medications

Side effects of drugs are more pronounced and additive  $1+1$  may equal 3 instead of 2

An increased chance of taking medications incorrectly

A greater chance of being on a drug that may cause a fall

# MEDICAL CONDITIONS

---

ARTHRITIS

---

PARKINSONS DISEASE

---

DIABETES/NEUROPATHIES

---

STROKE

---

CARDIOVASCULAR DISEASES

---

VISION/HEARING CHANGES

---

COGNITIVE IMPAIRMENT

---

FOOT PROBLEMS

---

INCONTINENCE/NIGHTTIME URGENCY

---

POOR NUTRITION/HYDRATION

---

**TAKING 4 OR MORE MEDICATIONS**

---

VERTIGO



# POSTURAL HYPOTENSION

**CAN BE CAUSED BY MEDICATION, MEDICAL CONDITION OR  
DEHYDRATION**

Postural hypotension—or orthostatic hypotension—is when your blood pressure drops when you go from lying down to sitting up, or from sitting to standing.

When your blood pressure drops, less blood can go to your organs and muscles.

This can make you more likely to fall.

# **DRUGS THAT MAY INCREASE FALLS RISK**

Opioid or narcotic pain medications

Anti anxiety medications, anti psychotics

Prescription and OTC sleep aids

Muscle relaxants

Some OTC allergy medications

Some medications for bladder control

Blood pressure/heart medications

## **OPIOID OR NARCOTIC PAIN MEDICATIONS**

- Oxycodone  
(OxyContin, Percocet)
- Hydrocodone (Vicodin)
- Tramadol (Ultram)

## **MEDICATIONS USED FOR DEPRESSION OR MOOD**

- Paroxetine (Paxil)
- Amitriptyline (Elavil)



## **ANTI-ANXIETY MEDICATIONS**

- Diazepam (Valium)
- Alprazolam (Xanax)
- Lorazepam (Ativan)

## **PRESCRIPTION AND OTC SLEEP AIDS**

- Zolpidem (Ambien)
- Eszopiclone (Lunesta)
- Doxylamine (Unisom)
- Diphenhydramine (ZzzQuil, Tylenol PM)

## MUSCLE RELAXANTS

- Methocarbamol (Robaxin)
- Cyclobenzaprine (Flexeril)

## MEDICATIONS FOR BLADDER CONTROL

- Oxybutynin (Ditropan)
- Tolterodine (Detrol)

## OTC ALLERGY AND MOTION SICKNESS MEDICATIONS

- Diphenhydramine (Benadryl)
- Dimenhydrinate (Dramamine)
- Meclizine (Bonine)
- Hydroxyzine (Vistaril)



## ANTIPSYCHOTICS OR MOOD STABILIZING DRUGS

- Haloperidol (Haldol)
- Risperidone (Risperdal)
- Quetiapine (Seroquel)



## BLOOD PRESSURE OR HEART MEDICATIONS

- Metoprolol (Toprol)
- Clonidine (Catapres)
- Furosemide (Lasix)
- Lisinopril (Zestril)
- Many more





# **What are some side effects of medications to look for?**

- Blurry vision
- Daytime fatigue
- Drowsiness
- Fainting or passing out
- Lightheadedness
- Loss of balance
- Muscle weakness
- Slowed reaction time
- Trouble concentrating  
or problem solving



May cause DROWSINESS.  
USE CARE when operating a car  
or dangerous machinery.

# EQUALS

# WALK WITH CAUTION



**Important to know  
what you're taking**



**Talk to your Health  
care provider or  
pharmacist**



# **HOW TO EMPOWER YOURSELF TO STAY SAFE**

## **KEEP AN UP-TO-DATE LIST OF EVERYTHING YOU TAKE**

- **PRESCRIPTION MEDS**
- **OVER THE COUNTER MEDS**
- **SUPPLEMENTS**



# **MANY WAYS TO KEEP A LIST**

- ON PAPER
- ON YOUR PHONE
- ON YOUR COMPUTER
- AVS (After Visit Summary) from hospitalizations or provider visit
- IDEALLY USE ONE PHARMACY



# Medication List



My Name: \_\_\_\_\_  
 My Birth Date: \_\_\_\_\_  
 My Phone #: \_\_\_\_\_  
 My Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

My Allergies


Reviewed by:	Name	Date

MEDICATION brand, generic name, dose	APPEARANCE type, shape, color	HOW MANY ?	HOW TAKEN ?	STARTED taking on:	STOP taking on:	REASON FOR TAKING	WHO Told Me To Take This ?	NOTES
AS NEEDED								
equate, ibuprofen, 200mg	tablet, round, brown, "1-2"	1 tablet	by mouth, with water			NSAID, pain killer, fever reducer		
AFTER WAKING UP								
AFTERNOON								
EVENING								
BEFORE BED								

This worksheet and information should not replace the advice of a qualified healthcare worker.

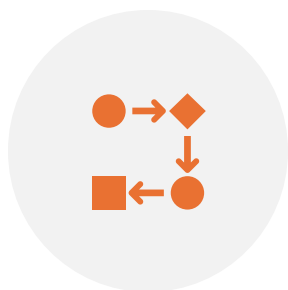
# THINGS TO CONSIDER

- **CONTRARY TO POPULAR BELIEF THIS INFORMATION MAY NOT BE “ALL IN THE COMPUTER”**
  - DIFFERENT HEALTHCARE SYSTEMS MAY USE DIFFERENT SOFTWARE
  - MAY BE ESPECIALLY TRUE WHEN TRAVELING
  - IF YOU SEE MULTIPLE PROVIDERS OR TAKE NUMEROUS OVER THE COUNTER PRODUCTS OR SUPPLEMENTS

# HOW TO USE YOUR MEDICATION LIST

- List **every** prescription medication, OTC medication, vitamin, supplement and herbal product you are currently taking.
- List your provider's name and your emergency contact
- Bring this list with you any time you go for health care, like to your doctor, dentist, pharmacist or a hospital.
- Bring this list with you when you travel.





Update this list with you any time you make a change to what you take.



Review this list with your health care provider to identify medications that may increase your risk of a fall.



Keep list of side effects, especially when starting a new medication or changing doses



**DO NOT STOP TAKING  
YOUR MEDICATIONS  
WITHOUT FIRST TALKING  
TO YOUR PROVIDER**

# WHAT TO ASK



WHAT IS THIS MEDICATION FOR?



DOES IT REPLACE A MEDICATION I'M  
ALREADY ON?



WHAT DOES IT DO? WHAT RESULTS CAN I  
EXPECT?



WHEN SHOULD I TAKE THIS MEDICINE AND  
FOR HOW LONG?



---

**WHAT ARE THE POSSIBLE SIDE EFFECTS?**

---

WHAT SHOULD I DO IF THEY OCCUR?

---

MIGHT IT INCREASE MY RISK OF A FALL?

---

WILL THIS INTERACT WITH OTHER MEDICATIONS OR SUPPLEMENTS?

---

DO I NEED REGULAR CHECK-UPS OR TESTS?

# **SCHEDULE A “BROWN BAG” VISIT**

---

May be helpful if you feel your provider does not have the time to adequately discuss your medications and concerns

---

You literally put everything you take: prescription, OTC, supplements, in a bag and take in for review

---

The pharmacist will review and send a letter to your provider

---

May be covered under Medicare

---

Valuable for many things besides falls risk

---

Not easily available in all areas

# FILE OF LIFE

**FILE OF LIFE**

KEEP INFORMATION UP TO DATE !!  
*Review At Least Every Six Months !*

MEDICAL DATA REVIEWED AS OF MO. YR.

Name:  Sex:

Address:

Doctor:  Phone #:

Preferred Hospital:

**EMERGENCY CONTACTS**

Name:  Phone #:

Address:

Name:  Phone #:

**FILE OF LIFE**

KEEP INFORMATION UP TO DATE !!  
*Review At Least Every Six Months !*

MEDICAL DATA REVIEWED AS OF MO. YR.

Name:  Sex:

Address:

Doctor:  Phone #:

Preferred Hospital:

**EMERGENCY CONTACTS**

Name:  Phone #:

Address:

Name:  Phone #:

Emergency:

Date of birth:


State:

Please Copy This on to all  
other out of the state  
FILE OF LIFE

NAME OF PHYSICIAN:



**ALCOHOL,  
ILLICIT  
DRUGS  
AND FALLS  
RISK**



Effects of alcohol or illicit drugs can increase the risk of falls and car crashes at any age.

These effects may be even more dangerous and pronounced in older adults.

Alcohol and illicit drugs may also interact with medications we take.



# Why to use caution with sleep medications



---

Sleep medications may cause grogginess, daytime hangover effects, falls, unsteadiness and confusion, more sleep problems and potentially addiction.

---

Use for shortest time possible, especially prescription ones.

---

Instead of using a “PM” product try just using ibuprofen or Tylenol. It may be that little aches and pains may be causing sleeplessness.

# COMMON SLEEP MEDICATIONS



## PRESCRIPTION MEDICATIONS

AMBIEN, LUNESTA

- All should be used only for short term
- May cause rebound insomnia



## OVER THE COUNTER SLEEP AIDS

Typically, all contain  
diphenhydramine  
(Benadryl)

- Tylenol PM, Advil PM, ZZZ Quil, or just plain diphenhydramine



Generally,  
**Melatonin is safest  
alternative, use a  
low dose to start**

**2-3 mg**



# TIPS FOR BETTER SLEEP

---

No “blue” screens an hour prior to bed

---

Limit napping during the day-no more than 20 minutes

---

Try to get regular exercise daily, preferably out of doors

---

Ear plugs

---

Get checked for sleep apnea

---

---

No large meals, caffeine, nicotine or alcohol prior to bed

---

Meditation or calming apps

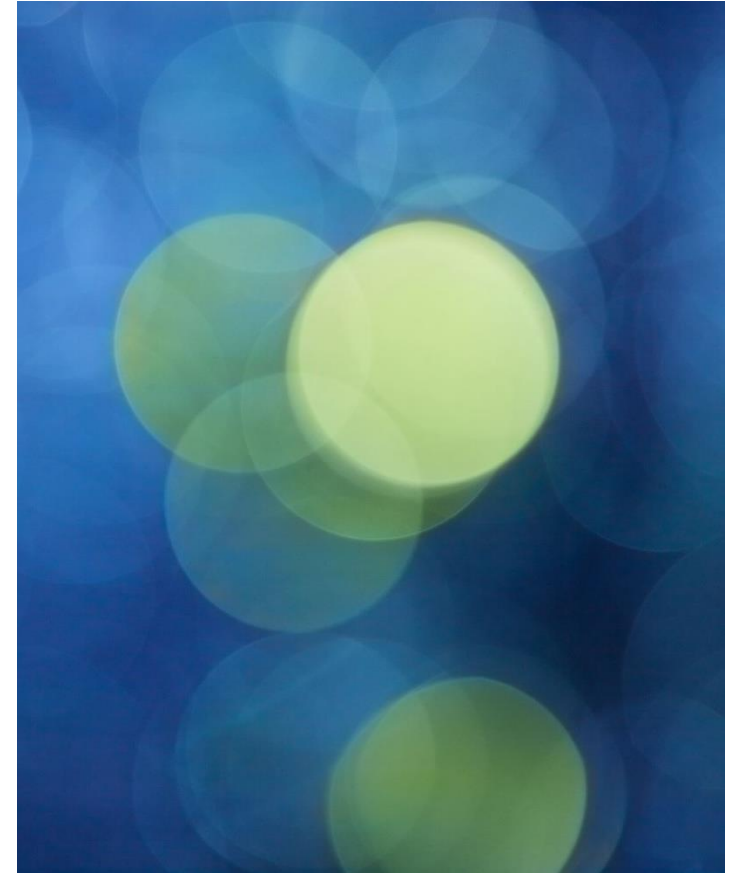
---

White noise

---

Have a set sleep routine-try to go to bed and wake up at the same time daily

---



# **CALCIUM AND VITAMIN D**

---

CALCIUM IS ESSENTIAL FOR BONE HEALTH

---

VITAMIN D HELPS THE BODY ABSORB CALCIUM

---

INCIDENCE OF OSTEOPOROSIS INCREASES AS WE AGE

---

STRONG BONES DECREASE CHANCE OF FRACTURES IF A FALL OCCURS

## How much calcium\* and vitamin D do I need each day?

### Women

- **Under 50:** 1,000 milligrams (mg) of calcium and 400 - 800 international units (IU) of vitamin D.
- **50 and older:** 1,200 mg of calcium and 800 - 1,000 IU of vitamin D.

### Men

- **Under 50:** 1,000 mg of calcium and 400-800 IU of vitamin D.
- **50-70:** 1,000 mg of calcium and 800-1,000 IU of vitamin D.
- **71 and older:** 1,200 mg of calcium and 800-1,000 IU of vitamin D.

\*Calcium recommendations include the total daily amount needed from both foods and supplements.

# HOW MUCH DO WE NEED?

## TO MAKE IT EASIER TO REMEMBER

- CALCIUM 1200MG DAILY FROM ALL SOURCES
- VITAMIN D 800-1000 UNITS (20-25MCG) DAILY

# SOURCES OF CALCIUM

- **FOODS**

- DAIRY PRODUCTS
- LEAFY GREEN VEGETABLES
- FORTIFIED FOODS



- **SUPPLEMENTS**

- DIFFERENT FORMS AVAILABLE
  - **CALCIUM CITRATE, CALCIUM CARBONATE**
- SOME COME WITH VITAMIN D IN THEM
- IMPORTANT TO LOOK AT “SERVING SIZE” WHEN LOOKING AT LABEL





# SOURCES OF VITAMIN D

- 
- Fatty fish-Salmon, Tuna, Sardines
  - Cod liver oil
  - Egg yolks
  - Fortified foods
  - Beef liver



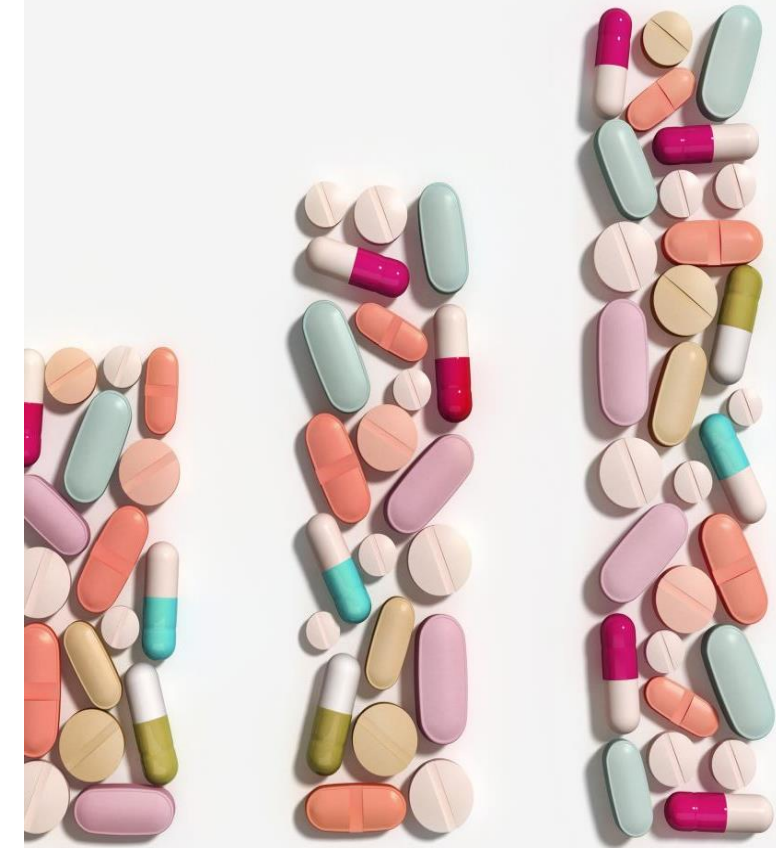
# VITAMIN D SUPPLEMENTS



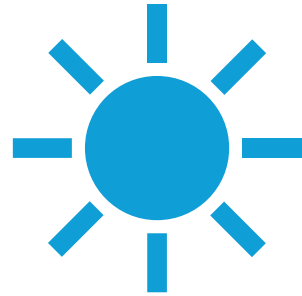
- **VITAMIN D3**
  - **CHOLECALCIFEROL**
  - MOST COMMON
  - RECOMMENDED DOSE 800-1000 UNITS OR 20-25MCG DAILY
- **VITAMIN D2**
  - **ERGOCALCIFEROL**
  - MUCH HIGHER DOSES
  - INTENDED FOR PEOPLE WITH CERTAIN MEDICAL CONDITIONS

# VITAMIN D RECOMMENDATIONS

- MAY WANT TO HAVE BLOOD LEVELS CHECKED FIRST TO SEE IF YOU EVEN NEED TO SUPPLEMENT
- NORMAL BLOOD LEVEL 20-50 ng/ml
- DO NOT TAKE MORE THAN 4000 UNITS (100MCG) DAILY WITHOUT DOCTORS ORDERS
  - TOO MUCH CAN CAUSE NAUSEA/VOMITING, MUSCLE WEAKNESS, IRREGULAR HEARTBEAT



# **SLOW DOWN- TAKE YOUR TIME**



## **WHEN GOING ANYWHERE**

BE AWARE OF YOUR ENVIRONMENT  
IN POOR WEATHER  
IN LOWER LIGHTING SITUATION



## **WHEN STANDING UP**

POSTURAL HYPOTENSION  
DON'T BE IN A HURRY  
GET UP SLOWLY

# FOR MORE INFORMATION

<https://www.cdc.gov/older-adult-drivers/media/pdfs/MyMedications-List.pdf>

has a printable medication list and more information on medications and falls from the CDC

**FALLSFREEWI.ORG**





# About WIHA

- **Mission:** To improve the health and well-being of all people as we age by disseminating evidence-based programs and practices and by engaging in collaborative public health strategies in Wisconsin and beyond.
- <https://wihealthyaging.org>
- **Age Well Newsletter**



# **Prescriptions, supplements and everything in between**

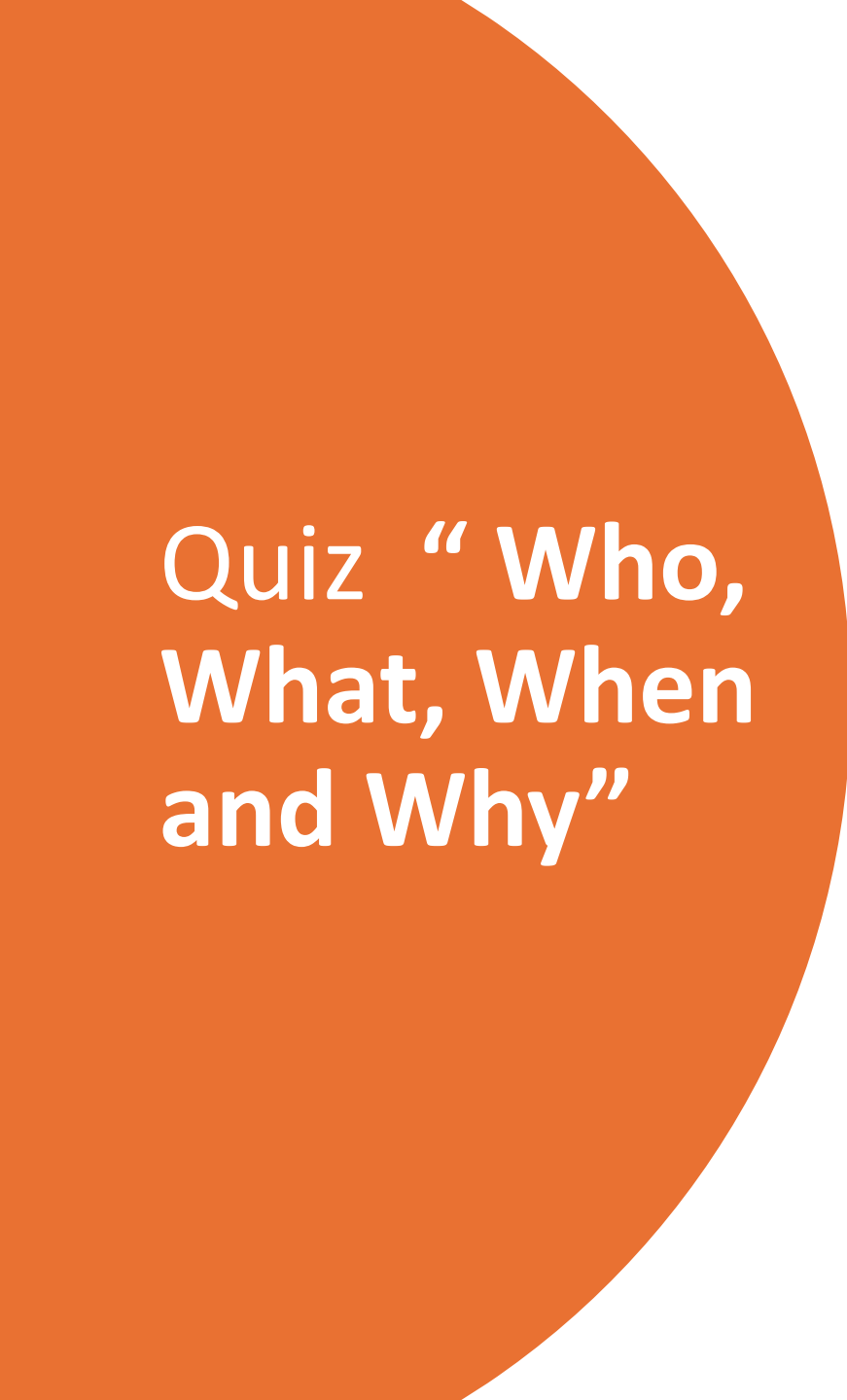
UNDERSTANDING THE LINK BETWEEN  
MEDICATIONS AND FALLS AS WE AGE

Mike McKinnis PhD., MOT, OTR

# WHAT TO ASK

- WHAT IS THIS MEDICATION FOR?
- DOES IT REPLACE A MEDICATION I'M ALREADY ON?
- WHAT DOES IT DO? WHAT RESULTS CAN I EXPECT?
- WHEN SHOULD I TAKE THIS MEDICINE AND FOR HOW LONG?
- WHAT ARE THE POSSIBLE SIDE EFFECTS? WHAT SHOULD I DO IF THEY OCCUR?
- WILL THIS INTERACT WITH OTHER MEDICATIONS/SUPPLEMENTS?
- DO I NEED REGULAR CHECK-UPS OR TESTS?





# Quiz “Who, What, When and Why”

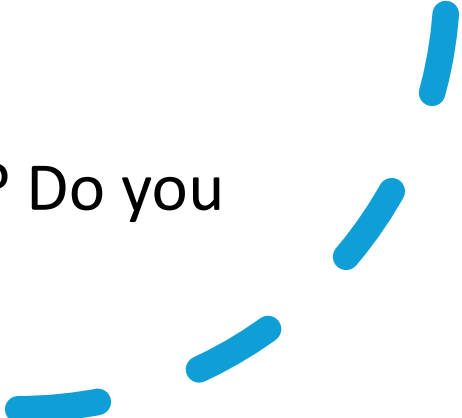
**Who** else knows about your medication

**What** medication are you taking? Can you name each medication?

**What** does your medication look like – shape, color, size?

**When** do you take your medication?

**Why** are you taking your medication? Do you know what time you take it?



# Medication Routine

---





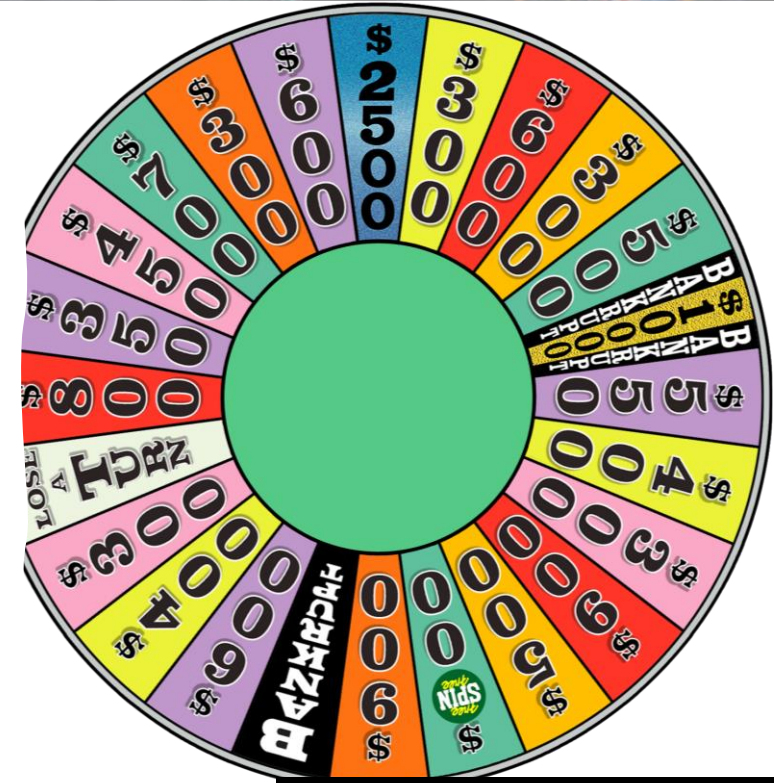
# When do You take your medications?

---

What are you normally doing when you take your medication?

**Build routines – every day events**

- watching TV
- Eating
- Brushing teeth
- getting the mail.



# Routines -Remember to Reorder Medications

---

- Add requesting refills into your monthly calendar.
- Work with a consistent local Pharmacist to set up automatic monthly refills.
- Is your current medication list updated?





# Where is your Medication list?

Do you carry a medication list with you at all times?

Where do you carry your medication list?

- Phone, notebook, paper

**Share** your medication list with a family member/caregiver or close friend

EMT – File of Life, med list in/on your refrigerator



# Medication List – Add shape, size, color

Add description of pill – Shape, size, color



My Current Prescription Medications, Over-the-Counter (OTC) Medications, Vitamins, Supplements, and Herbal Products				
Name of Medication	Reason Taken	Dose and Directions	Prescribing Provider	Notes
Example: metformin	Diabetes	1000 mg twice a day	Dr. Jill Smith	Upsets my stomach, have to take with food
Example: oxymetazoline (Afrin)	Congestion	Two sprays in each nostril no more than twice a day	OTC	Do not use for more than three days in a row

\*\*\*<https://www.cdc.gov/older-adult-drivers/media/pdfs/MyMedications-List.pdf>

My Information	
Name: _____	DOB: _____ Phone: _____
Current Address: _____	
Emergency Contact: _____	Emergency Contact Phone: _____
Relationship: _____	
My Health Care Providers	
Primary Care Provider: _____	Phone: _____
Other Provider 1: _____	Provider 1 Phone: _____
Specialty: _____	
Other Provider 2: _____	Provider 2 Phone: _____
Specialty: _____	
Pharmacy: _____	Phone: _____

My Medical Conditions	
Medical Condition	Date Diagnosed
Example: high blood pressure	09/01/2020

Medications I Don't Use Because of Allergies or Other Problems	
Name of Medication	Describe Reason
Example: penicillin	Rash, hives

# Strategies for Safely Taking Medications

- Read Labelling – ask for larger print size
  - Proper **lighting** for reading labels, ensuring correct pill
  - Use Directional Task Lighting for reading labels and looking at pills
  - Organize pills on a black mat or create contrast



# Are you able to open pill bottles?

- Ask Pharmacist for easy packaging
- Home Setup – medications stored safely and accessible





# Organizing Medications



### Smart Meds, Smarter You: Alexa's Prescription for Perfect Timing!

**Alexa Medication Management**

Track your medications with this tool! Whether it is one or many, this device will provide reminders and information on your prescribed medications at any time of the day.

**Directions:**

- Plug in Alexa, and connect the device to the internet
- Speak to Alexa in a variety of different ways by saying statements like...
- "Alexa, set a medication reminder everyday to take my (insert medication) at \_\_\_\_ AM/PM."
- "Alexa, give me information on (insert medication here)"
- "Alexa, have I taken my 12 PM pills today?"

# Final Exam



WHAT ARE YOU DOING WELL WITH  
MEDICATION MANAGEMENT?



DOES SOMEONE ELSE KNOW ABOUT  
YOUR MEDICATIONS?



WHAT IS SOMETHING YOU LEARNED  
FROM TODAY'S SESSION?

# Feedback

- Survey upon exit of zoom
- Those who complete the eval and submit their email address will be entered to win a t-shirt!
  - Winner will be chosen by the end of this week





# Next for Age Well Series

- February 11<sup>th</sup> @ 1 p.m. – hoarding & falls

## Inside Hoarding: What It Is, What It Isn't, and How to Help

Hoarding is often misunderstood and judged. In reality, it is a complex issue. This webinar will explain common myths about hoarding and help clarify the differences between hoarding behaviors related to autism and those connected to other mental health conditions.

Carla will also share kind and practical ways to improve safety, respect personal choice, and support a better quality of life for people experiencing hoarding challenges.

**February 11, 2026**  
**1-2pm CST**  
**FREE WEBINAR**



Presenter: Carla Alejo,  
Catholic Charities



# Thank You!

**Thank you to our sponsors!**



Visit [FallsFreeWI.org](https://FallsFreeWI.org)



**Questions?** Contact [falls@wihealthyaging.org](mailto:falls@wihealthyaging.org)



