Is your older relative showing signs of increased fall risk?

Falls are the leading cause of injury among older adults, and the warning signs often appear long before a fall happens. If you notice changes in how someone moves, holds themselves, or manages everyday tasks, those changes may signal a growing fall risk. The direct answer is that increased fall risk can be spotted in four broad categories: changes in gait and balance, muscle weakness, medication effects, and home hazards. Recognising these signs early makes it possible to take practical steps that reduce the chance of a fall, and that is where a fall detection alarm can become part of a sensible safety plan.

How gait and balance change with age

The way a person walks naturally slows down and becomes less steady over time, but a rapid change is a red flag. Watch for shuffling steps, a wider stance than usual, or a tendency to grab walls and furniture for support. Someone who once walked confidently may now pause before turning or hesitate on uneven ground. These changes often mean that the muscles and nerves that coordinate movement are not working as well as they used to. A simple test is to watch them stand up from a chair without using their arms; if they need to push off or rock several times to get upright, leg strength and balance are declining.

Dizziness or unsteadiness when standing up quickly is another common warning. This can be caused by a drop in blood pressure after sitting or lying down, a condition known as orthostatic hypotension. If the older adult mentions feeling lightheaded when they get up, it is worth mentioning to their doctor. Sometimes a medication adjustment or a slower rise-and-sit routine can help.

Muscle weakness that goes beyond normal ageing

Loss of muscle mass is a normal part of ageing, but when weakness affects daily activities, fall risk rises. Look for difficulty carrying groceries, climbing stairs, or getting out of a car. Weak leg muscles, especially the quadriceps and glutes, make it harder to catch yourself if you trip. A person who cannot stand on one leg for a few seconds without wobbling likely has reduced lower-body strength. Strength training, even with light resistance bands or chair-based exercises, can make a real difference. Many community centres and physiotherapy clinics offer supervised programmes for older adults.



Upper body weakness matters too. Arms that cannot push up from a chair or hold a handrail firmly leave a person with fewer options to prevent a fall. A caregiver or family member might notice that the person avoids using stairs or carries items one at a time to keep one hand free. These are practical adjustments that hint at a deeper problem.

Medication side effects and vision changes

Medications are a hidden contributor to fall risk. Sedatives, blood pressure drugs, antidepressants, and muscle relaxants can cause drowsiness, blurred vision, or a drop in coordination. If an older adult has started a new medicine or changed a dose and seems more unsteady, it is worth reviewing with a pharmacist or doctor. The same goes for over-the-counter sleep aids and antihistamines, which can leave people groggy the next morning.

Vision problems also increase fall risk. Cataracts, glaucoma, and age-related macular degeneration reduce depth perception and contrast sensitivity. Someone who has trouble seeing at night or misjudges distances is more likely to trip over a rug or miss a step. Regular eye exams and updated glasses are a straightforward fix. Even cleaning glasses lenses daily helps.

Home hazards that turn small slips into big falls

The environment around an older adult can multiply fall risk. Loose rugs, clutter on the floor, poor lighting, and cords across walkways are obvious hazards. But less obvious ones matter too: a bathroom without grab bars near the toilet and shower, a bedroom with a low bed that is hard to get out of, or a kitchen where frequently used items are stored on high shelves. A simple walk-through of the home with a checklist can catch most of these. The goal is to create clear, unobstructed paths and put everyday items within easy reach.

Stairs deserve special attention. Handrails on both sides, non-slip treads, and good lighting at the top and bottom reduce risk. If the older adult lives in a multi-level home, consider moving their bedroom to the ground floor. Even one fall on stairs can lead to a hip fracture or head injury.



When to consider a fall detection alarm

Even after addressing the warning signs above, some risk always remains. A fall detection alarm provides an extra layer of security. It can automatically detect a fall and send an alert to family members or a monitoring service, even if the person cannot press a button. This is especially valuable for older adults who live alone or spend time alone during the day. Knowing that help will arrive even if they cannot call for it can reduce anxiety for both the older adult and their family.

Choosing a system that suits the person's lifestyle and comfort level is important. Some models are worn on a pendant or wristband, while others are built into a watch. Look for a device with reliable fall detection, long battery life, and a simple charging routine. Some systems also include GPS tracking, which can be useful if the person walks outside. A fall detection alarm is not a substitute for strength training or home modifications, but it is a practical backup that can make a real difference in an emergency.

Building a response plan together

Once you have identified the warning signs and made some adjustments, talk with the older adult about what to do if a fall happens. A response plan should include how to get up safely if possible, whom to call, and where the phone or alarm is kept. Practicing the plan can build confidence. Many falls happen when someone tries to get up too quickly or in the wrong way, so learning a technique such as rolling onto hands and knees and using a sturdy chair for support can prevent further injury.

It also helps to list emergency contacts in a visible place and to program them into the phone. Family members and neighbours can agree on a check-in time. If the older adult uses a mobility aid like a walker or cane, make sure it is in good repair and adjusted to the correct height. A walker that is too low or too high can actually increase fall risk.

Keeping the conversation open and practical

Talking about fall risk can feel awkward. The older adult may see it as a loss of independence or a sign of ageing they do not want to accept. Frame the conversation around safety and staying active, not around restriction. Emphasise that small changes now can prevent a life-altering injury later. A fall that breaks a hip or causes a head injury can lead to a long recovery and a permanent loss of mobility. Preventing one is worth a few adjustments to the home and daily routine.



Regular check-ins with a doctor or physiotherapist can catch changes early. Some clinics offer balance and strength assessments as part of a routine visit. Hearing checks also matter, because untreated hearing loss is linked to higher fall risk. The inner ear plays a role in balance, and people with hearing loss may not hear approaching hazards or warning sounds.

Ultimately, recognising the warning signs of increased fall risk is about staying ahead of the problem. With a mix of home safety improvements, strength maintenance, medication management, and a reliable fall detection alarm as a backup, older adults can continue to live independently with less fear of a fall. The key is to start now, not after a fall has already happened.