



**DementiaUK**  
Helping families face dementia

## Dementia and falls



Anyone can experience a fall, but as we age the risk increases, especially if we are living with another long-term condition such as frailty. One in three adults over the age of 65, and half of people over 80, will experience at least one fall a year.

If a person starts to have falls, this can indicate that their overall ability to function in everyday life is declining and make it increasingly difficult for them to live independently.

### Falls and dementia

Falls are common in people with dementia. Although not everyone with the diagnosis will experience them, people with a cognitive impairment are two to three times more likely to fall and sustain a serious injury. This risk is linked to some of the symptoms of dementia, such as difficulties with:

- impaired judgment
- sensory perception
- mobility and coordination
- communicating their needs (eg they may not be able to express that they need the toilet and fall

while trying to make their own way there)

Falls can be an indication that someone is living with overall physical frailty. This is particularly true for older people, although people with young onset dementia (where symptoms develop before the age of 65) can also become frail – please see Sources of support on p14 for more information on young onset dementia.

Most falls only result in minor injury, but sometimes they can cause a more serious injury like a broken bone (fracture). This can lead to a loss of mobility and independence and knock the person's confidence.

### Seeking advice and support around falls

There are a number of health and social care professionals who can offer support and advice if a person with dementia is experiencing falls.

#### GP

If you have concerns about the person with dementia becoming unsteady and/or falling, their GP can carry out a range of simple



tests to check their balance, including reviewing any medication that could be increasing their risk of falls.

If the person is living with frailty, this assessment may form part of a full review of their overall health, known as a Comprehensive Geriatric Assessment (CGA) – for further information on frailty, please see Sources of support on p14.

The GP may suggest:

- an electrocardiogram (ECG) – a check of heart rate, rhythm and activity
- checking blood pressure whilst lying and standing
- booking an eye test and hearing test to check for problems with vision and/or hearing
- conducting an assessment of overall bone health
- starting a physical activity and/or exercise programme to improve strength, balance and functional ability – people who are experiencing weakness and balance issues may have a fear of falling and limit their physical activity, which makes them more likely to fall in the future



- a home assessment to look for hazards within the home and offer advice and solutions (please see Sources of support on p14)
- provide general healthy living advice
- improve their overall mobility confidence and therefore reduce their fear of falling

### **Falls prevention service**

The person's GP may refer them to the local falls prevention service to further investigate the root cause of their falls and provide advice on managing the risk. This aims to:

- reduce the risk of falls and fractures
- promote independence
- improve the person's postural stability

### **Physiotherapists and occupational therapists (OTs)**

**Physiotherapists** can assess the person's falls risk and advise on activities and interventions to reduce this risk. They can offer guidance on safe movement strategies, suggest a range of assistive living equipment that may help, and recommend a strength and balance training programme to make falls less likely.

### Occupational therapists (OTs)

work with people to identify daily activities that they find difficult and suggest ways to make them easier, including giving advice on home equipment and adaptations.

Physiotherapists and OTs can also provide specific advice on issues like:

- safely getting in and out of a car
- entering the home
- communicating actions around movement, eg explaining to the person what they need to do in ways that they understand
- navigating tight or difficult spaces such as the bathroom

The person's GP can arrange a referral to a physiotherapist or OT, or you can contact your local social services or social care hub for advice. Alternatively, you can find a private registered therapist – please see Sources of support on p15.

### Making the home safe and accessible

Many falls happen around the home, so it is important to identify

possible hazards. The person with dementia is entitled to a needs assessment and a home assessment to help with this. You can arrange these through social services – please see Sources of support on p15 for information.

Please also see Sources of support for our information on making the home safe and comfortable for a person with dementia, and on living aids and assistive technology.

### Needs assessment

A needs assessment looks at what help the person needs to cope with everyday life. This might include assistive living products like a walking frame or a personal alarm, changes to the home like a walk-in shower, or support from a paid carer.

The assessment is usually carried out by a social worker or OT. It is free, but the person with dementia may need to pay for any adaptations or equipment that are recommended. This is means-tested based on the person's finances.





You can request a needs assessment at [gov.uk/apply-needs-assessment-social-services](https://www.gov.uk/apply-needs-assessment-social-services)

## Home assessment

A home assessment is similar to a needs assessment but looks specifically at home adaptations and equipment to support daily living. These might include:

- personal fall alarms and sensors (self-activated or automatically activated on detecting a fall)
- grab rails and handrails
- ramps
- stairlifts

- bathroom and personal care equipment

The local council should fund small adaptations that cost under £1,000, such as grab rails or security lighting. If larger, more expensive changes are recommended, like fitting a stairlift or converting a bathroom to a wet room, the person with dementia may need to pay for them, although they may be entitled to a Disabled Facilities Grant towards the cost – see Sources of support on p14.

You can apply for a home assessment at [gov.uk/apply-home-equipment-for-disabled](https://www.gov.uk/apply-home-equipment-for-disabled)

## Practical tips for reducing the risk of falls

### Outside the home

- Declutter outside spaces around the person's home, ensuring pavements and walkways are even, clear and well-lit – you may wish to install grab rails
- Consider converting outside steps into a ramp
- Ensure that when the person with dementia goes out, they use any walking aids that they need, such as sticks or a frame – make sure these are in good condition
- Check that the person's shoes fit properly, with a sturdy sole and good grip
- Assess the weather – falls are more likely when pavements are wet or icy and visibility is poor
- Think about the best times of day to go out – for example, the person may be less steady or alert when they are tired

### Within the home

- Keep entrances and hallways clear so it is easy to get in and out of the property
- Remove unnecessary rugs or ensure the edges are stuck down
- Keep all floors clear of clutter and remove any trailing wires or cables
- Check that the person's slippers fit properly, with a sturdy sole and good grip
- Keep essential objects like glasses and remote controls in a set place that is easy to reach
- Use visual cues, prompts and reminders (eg a sign on the toilet door) to help orientate the person and make it easier for them to find their way around the home
- Remove electric fires or heaters to reduce the risk of tripping, burns and fire
- Remove furniture with thin legs that could be tripped over
- Ensure there are sturdy bannisters on the stairs and that stair carpets are well fitted
- Quickly wipe up spillages to avoid slips on wet floors

### The bathroom

- Fit a toilet seat that is a different colour from the toilet itself, so it is easy to see and navigate to
- Use coloured toilet paper on a freestanding holder so the person with dementia does not need to overstretch and balance
- Choose brightly coloured towels so they stand out on the towel rail
- Keep the toilet lid up so the person can sit quickly and easily
- Put non-slip mats on the bathroom floor, in the bath and in the shower
- Remove toilet, pedestal and bathmat rugs to avoid tripping
- Leave a landing light on at night to light the way to the bathroom
- Consider installing grab rails at useful points around the bathroom
- A shower chair, bath seat, toilet frame and/or raised toilet seat may help reduce the risk of falls

### Patterns and colours

Patterned carpets, curtains and

rugs may cause confusion for a person with dementia, as they may see patterns as gradients, steps or uneven surfaces. They may also struggle to separate objects and backgrounds of similar colours.

Walls and flooring can be difficult to change, but if you are redecorating, or if the person with dementia is moving somewhere new, this can be a good opportunity to make changes.

- Choose a matt finish for flooring and walls, as gloss surfaces may appear slippery or wet
- Choose block colours rather than busy, patterned carpets or wallpaper
- Try to use one colour/type of carpet or flooring throughout the property to avoid falls when moving from one surface to another (eg from carpet to vinyl floor)
- Choose different colours for walls and flooring to give a visible contrast (you may want to consider both shade and choice of colour, eg brighter/stronger colours may be easier to distinguish than pastels)





- Consider how you can mark the top and bottom of a staircase and the edges of steps, eg by using contrasting colours
- Think about helping the person identify door frames or items such as plug sockets or light switches – painting them or marking them out using tape in a contrasting shade or colour may help make them stand out

### **Lighting within the home**

Visual difficulties in dementia can create misperceptions and illusions that lead to falls, so it is important that rooms are adequately lit and shadows minimised.

These tips may help:

- Create more natural light by fitting light coloured curtains in the living room and taking down net curtains or blinds (or swapping blinds for a non-blackout variety)
- Ensure passages and stairs have good lighting and try to reduce shadows
- During the day, open curtains fully
- Place the person's favourite chair by a window so they are sitting in daylight
- To help the person move



around safely after dark, fit high wattage light bulbs in main lights, and use low-level lights or plug-in nightlights in hallways

- Provide a touch-operated bedside light or a nightlight in the bedroom in case the person gets up during the night
- Consider fitting lights/lightbulbs that come on automatically when they detect movement in areas like the landing and bathroom
- Think about removing mirrors or covering them when they are not in use – if the person sees their reflection, they might mistake it for a stranger in their house

and become distressed, which increases the risk of falls

### **Reducing the risk of falls at night**

Many people with dementia become increasingly confused and unsteady at night, and this can make falls more likely. In addition, they may experience ‘sundowning’ (a state of intense confusion that typically occurs at dusk and often causes restlessness), which can also increase the risk of falls – please see Sources of support on p14.

A range of independent living equipment and assistive technology is available that could reduce the risk of night-time falls.

Please seek professional support before introducing these – for example from an OT.

- Keep important items on the person's bedside table so they do not have to get out of bed – eg a glass of water, spectacles, tissues, mobile phone, a bell for attracting attention
- If the person tends to need the toilet at night, placing a commode by their bedside may help – but please speak to a professional first
- Floor and/or mattress sensors can alert you if the person gets out of bed
- Ensure there is adequate lighting to help the person navigate their home after dark – please see the section on lighting on p9

## Being prepared in case of a fall

It is important to be prepared for the possibility of falls, especially if the person with dementia is becoming increasingly frail and immobile. At this stage, it may be helpful to provide them with a person alarm (also known as

telecare). These are usually worn around the neck and contact a family member or help centre if the person falls. Some rely on the person pressing a button; others are automatically activated if they detect a fall. The local council may be able to provide telecare services, or you can buy/subscribe to a service privately.

It is a good idea to think about where you could place items like phone handsets, warm blankets, and bottles of water in case the person falls and cannot get up from the floor. The person with dementia may also be able to ask an Alexa device, Siri or other voice-activated device/system to call a family member, neighbour or emergency services if they fall and cannot get up.

You should also think about how the emergency services can access the property and contact you if the person falls, for example:

- installing a key safe with a code to allow people to access the key
- nominating a trusted keyholder, such as a neighbour
- placing next of kin contact

information in a prominent position within the property (eg a hallway table) so it is easy for emergency services to find

### Near misses

If a person begins to fall from an upright position, do not attempt to catch them or stop their fall; instead, control their fall by lowering them to the floor.

### What to do if a fall happens

If the person with dementia falls, it is important to keep calm.

If you are sure that there are no injuries and it is safe for the person to get up, support them do so slowly and steadily. You may need to call on a family member, friend or neighbour to help you do this safely.

To get up, the person should:

- Roll onto their hands and knees
- Look for a stable item of furniture such as a heavy chair
- Hold onto this with both hands for support

- Rise slowly until upright – then sit down and rest

If the person is hurt and/or unable to get up, call for immediate help. If they wear a personal alarm, they should activate this; otherwise, ring 999. If the person has a more minor injury or you think they should be checked over, request an urgent appointment with their GP.

If there is a warm blanket to hand, cover the person's legs until help arrives. Keep them comfortable, and if it is possible/safe to do so, try to change their position **slightly** every 30 minutes to reduce the risk of pressure damage to the skin.

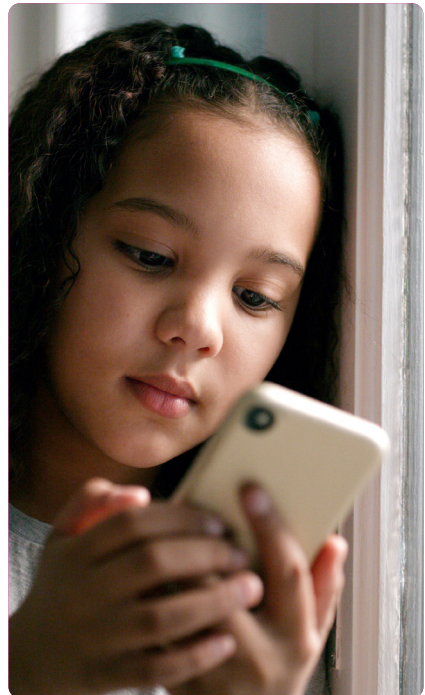
### After a fall

After a fall, it is important to reassess the person's needs and evaluate if anything more can be done to reduce the risk of further falls. Their GP or healthcare professional can help with this. Please see the section on Seeking advice and support around falls on p2 for information on the assessments they may recommend.

## Teaching children what to do if someone falls

Children or young people are sometimes the first to find a loved one who has fallen – particularly if they have a parent with young onset dementia – so it is important that they know what to do. These tips may help:

- Ensure they do not try to move the person without help
- Encourage them to cover the person's legs with a blanket and stay with them
- Teach the child how to contact a family member for help – you could save key phone numbers as emergency contacts in the person's mobile phone (or the child's mobile phone, if they have one) or set them up as speed dial numbers on a landline
- If you have a smart device such as an Alexa or a smartphone with Siri, teach them how to ask the device to call a family member
- Explain how to call 999 and when they might need to do so
- Ensure they know the person's full address and ideally their phone number
- If the child is old enough and interested, consider signing them up for a course or club that teaches first aid skills – please see Sources of support on p15 for advice



## Sources of support

To speak to a dementia specialist Admiral Nurse about falls, frailty or any other aspect of dementia, please call our Helpline on **0800 888 6678** (Monday to Friday 9am-9pm, Saturday and Sunday 9am-5pm) or email [helpline@dementiauk.org](mailto:helpline@dementiauk.org)

To book a phone or video call appointment with an Admiral Nurse, please visit [dementiauk.org/book-an-appointment](https://dementiauk.org/book-an-appointment)

### Dementia UK resources

**About young onset dementia**  
[dementiauk.org/about-young-onset-dementia](https://dementiauk.org/about-young-onset-dementia)

**Continence**  
[dementiauk.org/continence](https://dementiauk.org/continence)

**Delirium**  
[dementiauk.org/delirium](https://dementiauk.org/delirium)

**Frailty**  
[dementiauk.org/frailty-and-dementia](https://dementiauk.org/frailty-and-dementia)

**Living aids and assistive technology**  
[dementiauk.org/living-aids-and-assistive-technology](https://dementiauk.org/living-aids-and-assistive-technology)

**Making the home safe and comfortable**  
[dementiauk.org/safe-comfortable-home](https://dementiauk.org/safe-comfortable-home)

**Medication and dementia**  
[dementiauk.org/medication-management](https://dementiauk.org/medication-management)

**Sleep and dementia**  
[dementiauk.org/good-habits-for-bedtime](https://dementiauk.org/good-habits-for-bedtime)

**Staying healthy with dementia**  
[dementiauk.org/staying-healthy](https://dementiauk.org/staying-healthy)

**Sundowning**  
[dementiauk.org/sundowning](https://dementiauk.org/sundowning)

**Other resources**  
**Apply for a home assessment**  
[gov.uk/apply-home-equipment-for-disabled](https://gov.uk/apply-home-equipment-for-disabled)

**Disabled Facilities Grants**  
[gov.uk/disabled-facilities-grants](https://gov.uk/disabled-facilities-grants)





**Find a chartered physiotherapist**  
[csp.org.uk/public-patient/  
find-physiotherapist/  
find-physio](https://csp.org.uk/public-patient/find-physiotherapist/find-physio)

**Find an occupational therapist**  
[rcot.co.uk/about-  
occupational-therapy/find-  
occupational-therapist](https://rcot.co.uk/about-occupational-therapy/find-occupational-therapist)

**Find your local council social services**  
[nhs.uk/service-search/  
other-services/Local-  
Authority-Adult-Social-  
Care/LocationSearch/1918](https://nhs.uk/service-search/other-services/Local-Authority-Adult-Social-Care/LocationSearch/1918)

**Getting a needs assessment**  
[nhs.uk/conditions/social-  
care-and-support-guide/  
help-from-social-services-  
and-charities/getting-a-  
needs-assessment/](https://nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/getting-a-needs-assessment/)

**Red Cross First aid champions for children aged five to 18**  
[firstaidchampions.redcross.  
org.uk](https://firstaidchampions.redcross.org.uk)

**St John Ambulance – first aid programmes for young people**  
[sja.org.uk/get-involved/  
young-people](https://sja.org.uk/get-involved/young-people)

The information in this leaflet is written and reviewed by dementia specialist Admiral Nurses. We hope you find it useful. If you have feedback, please email [feedback@dementiauk.org](mailto:feedback@dementiauk.org)

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Thank you.



If you have questions or concerns about any aspect of dementia, please contact our Admiral Nurses.  
Helpline: **0800 888 6678** or [helpline@dementiauk.org](mailto:helpline@dementiauk.org)  
Virtual clinics: [dementiauk.org/book-an-appointment](https://dementiauk.org/book-an-appointment)



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