Table 2

Interventions NOT recommended by NICE

Interventions that cannot be recommended

- **Brisk walking**

There is no evidence that brisk walking reduces the risk of falling. One trial showed that an unsupervised brisk walking programme increased the risk of falling in postmenopausal women with an upper limb fracture in the previous year. However, there may be other benefits of brisk walking by older people.

Interventions that cannot be recommended because of insufficient evidence

NICE does not recommend implementation of the following interventions at present. This is not because there is strong evidence against them, but because there is insufficient or conflicting evidence supporting them.

- **Low intensity exercise combined with incontinence programmes**

There is no evidence that low intensity exercise interventions combined with continence promotion programmes reduce the incidence of falls in older people in extended care settings.

- **Group exercise (untargeted)**

Exercise in groups should not be discouraged as a means of health promotion, but there is little evidence that exercise interventions that were not individually prescribed for community-dwelling older people are effective in falls prevention.

- **Cognitive/behavioural interventions**

There is no evidence that cognitive/behavioural interventions alone reduce the incidence of falls in community-dwelling older people of unknown risk status. Such interventions included risk assessment with feedback and counselling and individual education discussions. There is no evidence that complex interventions in which group activities included education, a behaviour modification programme aimed at modifying risk, advice and exercise interventions are effective in falls prevention with community-dwelling older people.

- **Referral for correction of visual impairment**

There is no evidence that referral for correction of vision as a **single** intervention for community-dwelling older people is effective in reducing the number of people falling. However, vision assessment and referral has been a component of successful **multifactorial** falls prevention programmes.

- **Vitamin D**

There is evidence that vitamin D deficiency and insufficiency are common among older people and that when present they impair muscle strength and possibly neuromuscular function via CNS-mediated pathways. In addition, the use of combined calcium and vitamin D_3 supplementation has been found to reduce fracture rates in older people in residential/nursing homes and sheltered accommodation. Although there is emerging evidence that correction of vitamin D deficiency or insufficiency may reduce the propensity for falling, there is uncertainty about the relative contribution to fracture reduction via this mechanism (as opposed to bone mass) and about the dose and route of administration required. No firm recommendation can therefore currently be made on its use for this indication.

- **Hip protectors**

Reported trials that have used individual patient randomisation have provided no evidence for the effectiveness of hip protectors to prevent fractures when offered to older people living in extended care settings or in their own homes. Data from cluster randomised trials provide some evidence that hip protectors are effective in the prevention of hip fractures in older people living in extended care settings who are considered at high risk.