



## *Seven Million Medicare Beneficiaries Amass 19 Million Falls in A Single Year: Men Fall More Often Than Women*

**F**alls are the leading cause of injury deaths among older adults in the U.S. with over 16,000 deaths annually.<sup>1</sup>

Congress has just passed the “Safety for Seniors Act” to reduce the burden of falls; however, there are no nationally representative estimates of this burden. In 2003, 7.2 million elderly Medicare Beneficiaries fell a total of 19.3 million times.

Although fewer men fall than women, men who fall are more likely to fall repeatedly. The cumulative number of falls is also greater among men than. While the oldest old (people aged 85 and older) account for only 16% of fallers, they have the highest cumulative number of falls.

### **Falls in 2003.**

In 2003, 7,203,633 Medicare beneficiaries reported having fallen at least once (2,770,619 men and 4,433,014 women), and 3,261,575 fell repeatedly (1,408,662 men and 1,852,913 women). These 7.2 million beneficiaries experienced a total of 19,357,411 falls (9,561,677 falls in men and 9,795,734 in women). In one

year, beneficiaries amassed 614 falls per 1,000 persons.

### **Falls by Gender.**

Although fewer men fell than women (21% of men vs. 25% of women), men who fell were much more likely to fall repeatedly compared to women who fell (51% vs. 42%). Men experienced 29% more falls on average than women (**Figure 1**). Male beneficiaries accumulated 704 falls in 2003 per 1,000 men, in contrast to female beneficiaries who accumulated only 545 falls per 1,000 women. Although female beneficiaries outnumber male beneficiaries by more than 4 million, our results suggest that in a population of 1,000,000 older Medicare beneficiaries, males will amass on average 159,000 more falls than women.

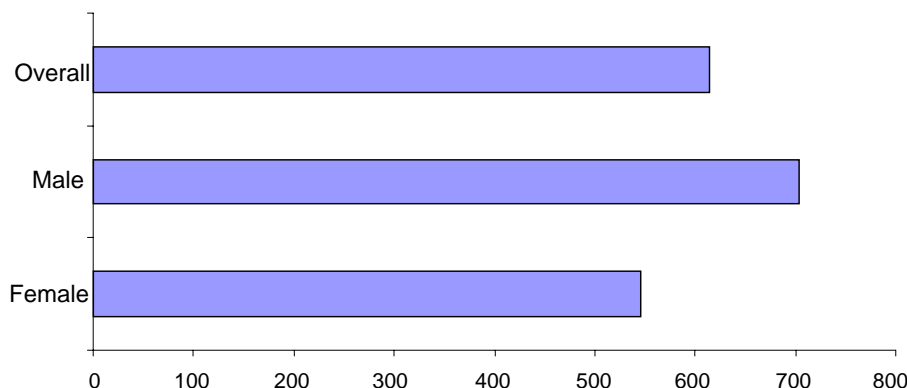
### **Falls by Age.**

Medicare beneficiaries of all ages experienced falls (**Figure 2**), yet the cumulative number of

**Table 1. Characteristics of Medicare beneficiaries aged 65 and older (N=31,546,385)**

Characteristic	All	Male	Female
Age in years, mean	75	75	76
Race/Ethnicity, %			
Non-hispanic White	81	82	80
Non-hispanic Black	8	7	9
Hispanic	7	7	7
Other	4	4	5
Married, %	55.5	74.3	41.4

**Figure 1. Cumulative Falls in One Year per 1,000 Medicare Beneficiaries**





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University of Pittsburgh  
 Claude D. Pepper Older  
 Americans Independence Center

falls (per 1,000 persons) increased with age (Figure 3). While people aged 85 years or older account for only 16% of fallers, they accumulated the most falls (883 per 1,000 persons). Of the 3.6 million beneficiaries aged 85 years or older, 1.4 million fell at least once and over 558,000 fell repeatedly.

### Conclusion

This is the first representative national estimate of cumulative falls among older adults in the U.S. Our findings underscore the enormity of the problem of falls in U.S. older adults: over 7 million elderly Medicare beneficiaries fell at least once in 2003 and amassed 19.3 million falls, with the highest burden in the oldest-old. Contrary to past reports, our calculations of cumulative falls indicate that older people are falling much more than previously thought<sup>2</sup> and that men are falling more often than women.<sup>3</sup>

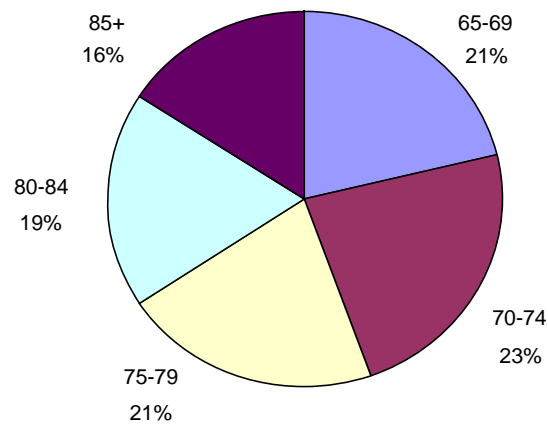
### References

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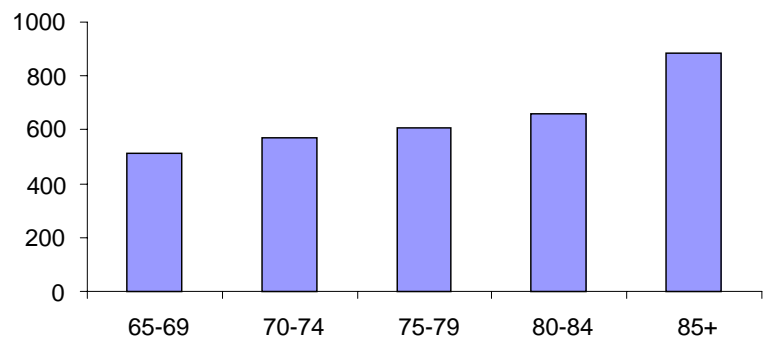
*The data presented in this fact sheet is from the Medicare Current Beneficiary Survey, Cost and Use, 2003. Data from this nationally representative sample have been extrapolated to the entire Medicare population.*

*The Pittsburgh Claude D. Pepper Older Americans Independence Center, funded by the National Institute on Aging, was established in 2004 to provide support and resources for investigators pursuing research in the field of balance and mobility disorders in the elderly. The goals*

**Figure 2. Distribution of Fallers by Age (years)**



**Figure 3. Cumulative Falls in One Year Per 1,000 Medicare Beneficiaries by Age (years)**



*of the center are to develop interventions to improve function and independence in older adults with balance disorders, to integrate studies of physiologic, biomechanical and psychosocial mechanisms affecting balance with clinical studies, and to foster multidisciplinary research and research training.*

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Pittsburgh Pepper Center  
 University of Pittsburgh  
 3471 Fifth Avenue, Suite 500  
 Pittsburgh, PA 15213  
[www.pepper.pitt.edu](http://www.pepper.pitt.edu)