**Knee and Hip Osteoarthritis May Increase the Risk for Falls, Not Fractures**

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Radiographic knee osteoarthritis (OA) was associated with an increased risk for falls, and symptomatic knee and hip OA were associated with an increased risk for recurrent falls, according to study results published in Arthritis Research and Therapy.

Falls are the second leading cause of death due to unintentional injury worldwide. Osteoarthritis is prevalent among the older population and can contribute to factors that increase the risk for falls. Nearly 30% of individuals aged 45 years or older have evidence of knee OA. However, the relationship between OA and falls has not been thoroughly investigated. Researchers conducted a systematic review and meta-analysis to determine the association of symptomatic and radiographic knee and hip OA with falls, recurrent falls, and fractures.

A total of 17 studies comprised of 862,849 participants were included in the analysis.

Symptomatic knee OA increased the likelihood of recurrent falls (odds ratio [OR], 1.55; 95% CI, 1.10-2.18), but not the likelihood of experiencing falls or any fractures.

*“In patients with knee and hip OA, routine use of screening tools may help to identify those at increased risks of falls and fractures, and this is likely to promote the implementation of primary preventions, such as self-management, home safety resources, and more intensive clinical care.”*

Radiographic knee OA was also associated with an increased risk for falls (OR, 1.28; 95% CI, 1.03-1.59), but had no significant association with recurrent falls (OR, 1.39; 95% CI, 0.97-1.97) or fractures (OR, 1.22; 95% CI, 0.99-1.52).

Symptomatic hip OA was associated with an increased risk for recurrent falls (OR, 1.50; 95% CI, 1.28-1.75). However, there was no significant association between hip OA and falls (OR, 1.25; 95% CI, 0.95-1.65).

No studies included in the review evaluated the relationship between radiographic hip OA and the risk for falls. However, one study demonstrated that radiographic hip OA was associated with a lower risk for recurrent falls (OR, 0.70; 95% CI, 0.51-0.96).

No significant associations between fractures and symptomatic or radiographic hip OA were found.

Study limitations included the very-low to moderate quality of evidence among the included studies due to major differences in design. Additionally, data on falls and fractures were self-reported and may be subject to bias.

The study authors concluded, “In patients with knee and hip OA, routine use of screening tools may help to identify those at increased risks of falls and fractures, and this is likely to promote the implementation of primary preventions, such as self-management, home safety resources, and more intensive clinical care.”

SOURCE: Rheumatology Advisor

<https://www.rheumatologyadvisor.com/home/topics/osteoarthritis/knee-and-hip-oa-associated-with-increased-fall-risk/>

**Falls Are Serious and Costly**

* One out of five falls causes a serious injury such as broken bones or a head injury.4,5
* Each year, 3 million older people are treated in emergency departments for fall injuries.6
* Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture.6
* Each year at least 300,000 older people are hospitalized for hip fractures.7
* More than 95% of hip fractures are caused by falling,8 usually by falling sideways.9
* Falls are the most common cause of traumatic brain injuries (TBI).10
* In 2015, the total medical costs for falls totaled more than $50 billion.11 Medicare and Medicaid shouldered 75% of these costs.

SOURCE: Centers for Disease Control and Prevention

<https://www.cdc.gov/falls/facts.html>