

EPOSA FACT

Osteoarthritis and fall risk

Osteoarthritis and fall risk

Several studies have found an increased fall risk in persons with osteoarthritis (OA). However, most prospective studies did not use a clinical definition of OA. In addition, it is not clear which factors explain this risk.

In EPOSA, we conducted a study (1) to confirm the prospective association between clinical OA of the hip and knee and falls; (2) to examine the modifying effect of sex; and (3) to examine whether low physical performance, low physical activity and use of pain medication are mediating these relationships.



A total of 555 (27.7%) participants fell once or more (defined as faller) during the one-year follow-up period. A total of 195 (9.8%) participants fell twice or more (defined as recurrent faller) during this period.



Clinical knee OA was associated with the risk of becoming a recurrent faller, but not with the risk of becoming a faller. No associations between clinical hip OA and (recurrent) falls were observed. The associations did not differ by sex.



Use of opioids and analgesics mediated the associations between clinical OA and (recurrent) falls, while physical performance and physical activity did not.

Conclusion

Individuals with clinical knee OA were at increased risk for recurrent falls. This relationship was mediated by pain medication. The fall risk needs to be considered when discussing the risk benefit ratio of prescribing these medications.