A multicentre randomised controlled trial found that a two-year balance training programme reduced the risk of falls in older women.

**Use of balance training to prevent falls injuries**

**In this article...**
- Effectiveness of balance training in falls prevention
- Commentary on the evidence

Exercise programmes that emphasise balance training are effective at reducing falls among older people in the community (Gillespie et al, 2012). The National Institute for Health and Care Excellence (2013) recommends that all older people who have fallen, or are at risk of falling, should be offered a muscle-strengthening and balance programme as a component of an individualised multifactorial intervention.

**New evidence**

El-Khoury et al (2015) conducted a randomised controlled trial to assess whether a two-year balance retraining programme reduced injurious falls among older women living in the community. Voter registration lists were used to recruit women aged 75–85 in 16 cities in France. These women were invited by letter to attend a free balance and health examination. Women were eligible to participate in the study if they were assessed as having poor balance or gait.

A total of 4,221 women attended the baseline balance and health examination (11% of those invited) and 706 agreed to be randomised to the intervention group (n = 352) or the control group (n = 354). The intervention comprised two years of free weekly supervised exercise sessions, supplemented by individually prescribed home exercises (the Ossébo balance training programme). The intervention was delivered by a network of community-based instructors with moderate levels of training and expertise.

Over the two-year study period, 397 injurious falls were reported in the control group (in 189 women), and 305 falls in the intervention group (in 170 women). The rate of injurious falls was 19% lower in the intervention group than in the control group. Women in the intervention group were statistically significantly better than those in the control group in a range of measures of balance and gait, such as time taken to walk six metres. When questioned about health-related quality of life, women in the intervention group reported statistically significantly better physical function throughout the study and better general health and vitality at one year.

Limitations of this study include the low recruitment rate (11%) as well as the high dropout rates (16% in the intervention group and 14% in the control group). In addition, participation in the intervention programme was inconsistent, with most participants missing some of the sessions.

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**References**

