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²Kerr, D., et al. (1996). *J Bone Miner Res* 11(2): 218-25.

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Depression and falls: Geelong Osteoporosis Study

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Psychotropic agents known to cause sedation have been shown to be associated with falling. However, it is not clear whether depression is an independent risk factor. This study investigated the association between depression and falls risk in a population-based sample of women living in the community.

In this observational study, 101 women with depression and 775 healthy controls were drawn from an age-stratified, randomly-selected sample of women (aged 20-92 yr). Using a semi-structured interview (SCID-I/NP), depression was documented for the 12-month period prior to study visit; current psychotropic use, regular alcohol consumption and falling history were self-reported. Participants were classified as fallers if they had fallen to the ground at least twice during the same 12-month period.

Forty-five women (5%) were classified as fallers. Fallers were older [62 (IQR 50-74) vs 52 (38-67) yr, $p=0.009$] and more likely to have depression (27% vs 11%, $p=0.001$) and use psychotropic medication (33% vs 15%, $p=0.001$) than non-fallers. No difference in depression severity or alcohol consumption was detected. Those with depression were younger [48 (36-60) vs 54 (39-69) yr, $p=0.02$]. Psychotropic agents were associated with falls (age-adjusted OR 2, 95% CI 1-5, $p=0.008$). Age-adjusted odds for falling were 3.6-fold greater for women with depression (OR=3.6, 95% CI 1.7-7.3, $p<0.001$) and this relationship remained significant after adjustment for psychotropic drug use (OR=2.8, 95% CI 1.3-6.2, $p=0.009$).

Depression was associated with an increased risk of falling, independent of psychotropic drug use. Further research into the reasons for this association is warranted and planned.