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## European Physicians Don't Trust CDSS for Elderly Fall Risk Management



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It is important to minimise fall risks for the elderly since these can result in severe injury. Since many cardiovascular and psychotropic medications commonly used by the elderly carry fall risks, a full review of prescribed medications should be conducted for elderly patients to assess fall risk. A Clinical Decision Support System (CDSS) integrated into the Electronic Medical Record (EMR) could help physicians perform medication reviews for fall risk patients and make decisions regarding the discontinuation of medications.

Many studies have demonstrated CDSS's efficiency in reducing inappropriate prescriptions, fall risks and improving efficiency, but the rate of overriding alerts remains high. Furthermore, many systems did not significantly alter patient outcomes in clinical trials. To increase CDSS implementation success, it is crucial to understand the barriers and facilitators for use in fall risk patients.

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Therefore, the European Geriatric Medicine Society (EuGMS) Task and Finish group on Fall-Risk Increasing Drugs (FRIDs) surveyed 581 physicians treating older patients (65 years and older) with fall risks in eleven European countries. Regarding use barriers, 66%, 58%, and 51% of surveyed physicians cited technical issues, indicating why the physician wants to override an alert, and unclear advice, respectively. More Northern and Eastern-European physicians perceived technical issues. More Eastern European physicians cited expense and legal issues as barriers. Northern and Western European physicians found that CDSSs provided too many alerts. Regarding facilitators, surveyed physicians perceived CDSS to be beneficial to patient care (67%), easy-to-use, contributing to increased work efficiency (57%), fitting into physician's workflow (57%), easily accessible (55%), and supportive in the decision-making process (53%). About 52% of Northern European physicians felt CDSS easy to use as compared to 31% of Southern European respondents. About 77% of Western European physicians felt that CDSS fit with their workflow as compared to 44-62% in other regions.

Overall, many felt that their clinical judgement was better than CDSS advice due to the medical complexity of their patients. The study authors conclude that a fall-risk patient's medical complexity must be accounted for while maintaining the doctor's decision-making autonomy. Furthermore, there are regional perception differences in Europe regarding CDSS that should be addressed.

**Source:** [European Geriatric Medicine](#)

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