

Comment on: The Effects of Fall-Risk-Increasing Drugs on Postural Control: A Literature Review

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de Groot et al. [1] reported that an increased fall risk from the use of psychotropic drugs was associated with impairments in postural control, which these drugs could induce [1]. The effects seem to be more pronounced when the half-life is longer [1]. Hangover effects on postural control (after 8 h of administration) were found mainly for benzodiazepines with an intermittent or long half-life [1]. However, some factors, except for hangover effects and nightly effects, such as the strength of the preparation and muscle-relaxant effects, affect fall risk. Psychotropic drugs with a short half-life may be likely to confuse patients, increasing fall risk. In fact, one meta-analysis showed that the pooled odds ratio for one or more falls in older people was 1.44 (95 % confidence interval [CI] 1.09–1.90) for short-acting benzodiazepines and 1.32 (95 % CI 0.98–1.77) for long-acting benzodiazepines [2]. The American Geriatrics Society 2012 Beers Criteria Update Expert Panel reported that shorter-acting benzodiazepines were not safer than long-acting ones [3]. Are psychotropic drugs with longer half-lives more likely to increase fall risk than psychotropic drugs with shorter half-lives?

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