



Figure 1. Role of metformin and H2RA/PPI in the evolution of B12 deficiency.

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### Response to letter of Varughese and Scarpello

SIR—I am grateful for Varughese and Scarpello raising these important points regarding the contribution of pharmacological achlorhydria to the aetiology of B12 deficiency and their clear, expert explanation.

We fully accept that association does not mean causation, and the case report acknowledged that there are many causes of B12 deficiency in elderly diabetic people.

The main point is to alert geriatricians, who see these patients with falls, to this problem so that neuropathy is not attributed to diabetes but investigated further.

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### Re: ‘Falls definition validation’

SIR—As older people may be the only witnesses of their fall event self-report, remains a crucial source of information about falls. Dickens *et al.* [1] made a valid point, that for clinical use, a standardised full definition of a fall [2] may not be necessary for patients’ understanding of ‘what is a fall’. However, for effective meta-analyses of data from different researchers, it is vital. For example, Tai Chi hit the United Kingdom with gusto after the publication by Wolf showing that older people taking part in Tai Chi halved their risk of falls [3]. Yet, on closer analysis, Wolf was considering trips and falls and so despite seeming to be more effective than previously published fall-prevention exercise, it could not be usefully compared. Without standardisation of falls definitions, we will not be able to extract useful data for clinical guidelines on fall prevention interventions [4]. Self-report of falls is notoriously inaccurate, a recent trial looking at the use of diaries to record falls for 6 months followed by a retrospective self-report of falls [5], found that falls were generally under-reported on questioning compared to a falls diary. A significant difference in falls self-report was seen between those in the intervention and those in the control group, suggesting that self-report varies depending on access to care. The assumption that an injury will assist in the recall of fall was not confirmed in this study as the self-reporting of injuries was worse than the self-reporting of falls [5]. However, these were falls over the last 6 months, whether or not a fall had precipitated a visit to an Accident and Emergency Department. The use of different methods of self-report of falls must be tailored to the setting and the use of the data. While we agree with Dickens that simplicity is optimal in the clinical setting, the limitations of these approaches need to be recognised. For research purposes we urge readers to adopt high quality standardised definitions, such as those developed by the ProFaNE consensus statement of outcome definitions [6].

On behalf of ProFaNE (Prevention of Falls Network Europe) www.profane.eu.org.

## Letters to the Editor

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