

Pharmaceutical Interventions in Safe Falling Program for Elderly

Abdelmonaim Elsayed

SPORTS PHARMACIST

ABDELMONAIM ELSAYED

JUDO PHARMACIST

IOC - Certified Drugs in Sport Pharmacist **2024**

IJF Academy UCJI - Certified Judo Instructor **2023**

ASHP - Certified Medication safety Specialist **2022**

BPS - Certified Sterile Compounding Pharmacist **2021**

B.Sc. – Pharmaceutical Sciences - Alexandria University **2003**

Abdelmonaim Elsayed



Father

Caregiver

Judo Coach

Hospital Pharmacist

DISCLOSURE

I have no financial relationships to disclose with regard to this presentation and all the information presented is available for public with the reference support

Abdelmonaim Elsayed

Latest Competencies

International Testing Agency – Anti-Doping Course for International Federations |Nov 2024

Saudi Heart Association - Basic Life Support Provider |Aug 2024

Sports Integrity Australia – Sports Pharmacy Course |Aug 2024

World Anti-Doping Agency - Medical Professionals at Major Games |Jul 2024

World Anti-Doping Agency - Medical Professional's at Education Program |Jul 2024

Stanford University - Anti-Doping Education for Healthcare Professionals |Jul 2024

United States Safe Sports Center - Safe Sports for Health Professionals |Feb 2024

International Sports Pharmacists Network - Sports Pharmacy Symposium |Aug 2023

International Pharmaceutical Federation - Sports pharmacy practice and education |Aug 2023

International Testing Agency – Anti-Doping Course for International Federations |May 2023

International Kurash Association – 5 Lines and 1 Star Belt Holder |Jun 2022

Future Health Training Center - Sport Taping and Strapping techniques |Jun 2022

Saudi Arabia Judo Federation – 5th Dan Black Belt Holder |Dec 2021

Abdelmonaim Elsayed

WHY AM I HERE TODAY?

Judo's philosophy revolves around two primary principles

Seiryoku-Zenyo - optimal use of energy

Jita-Kyoei - mutual welfare and benefit

Emphasizes the importance of balance, respect, and cooperation that practitioners strive to achieve not only physical strength but also emotional and mental well-being

Abdelmonaim Elsayed

Abdelmonaim Elsayed



Nothing under the sun is greater than education. By educating one person and sending him into the society of his generation, we make a contribution extending a hundred generations to come.

— Kano Jigoro —

Kano Jigoro Shihan

Tokyo- Japan 1860 -1934

Kodokan Judo Institute Founder 1882



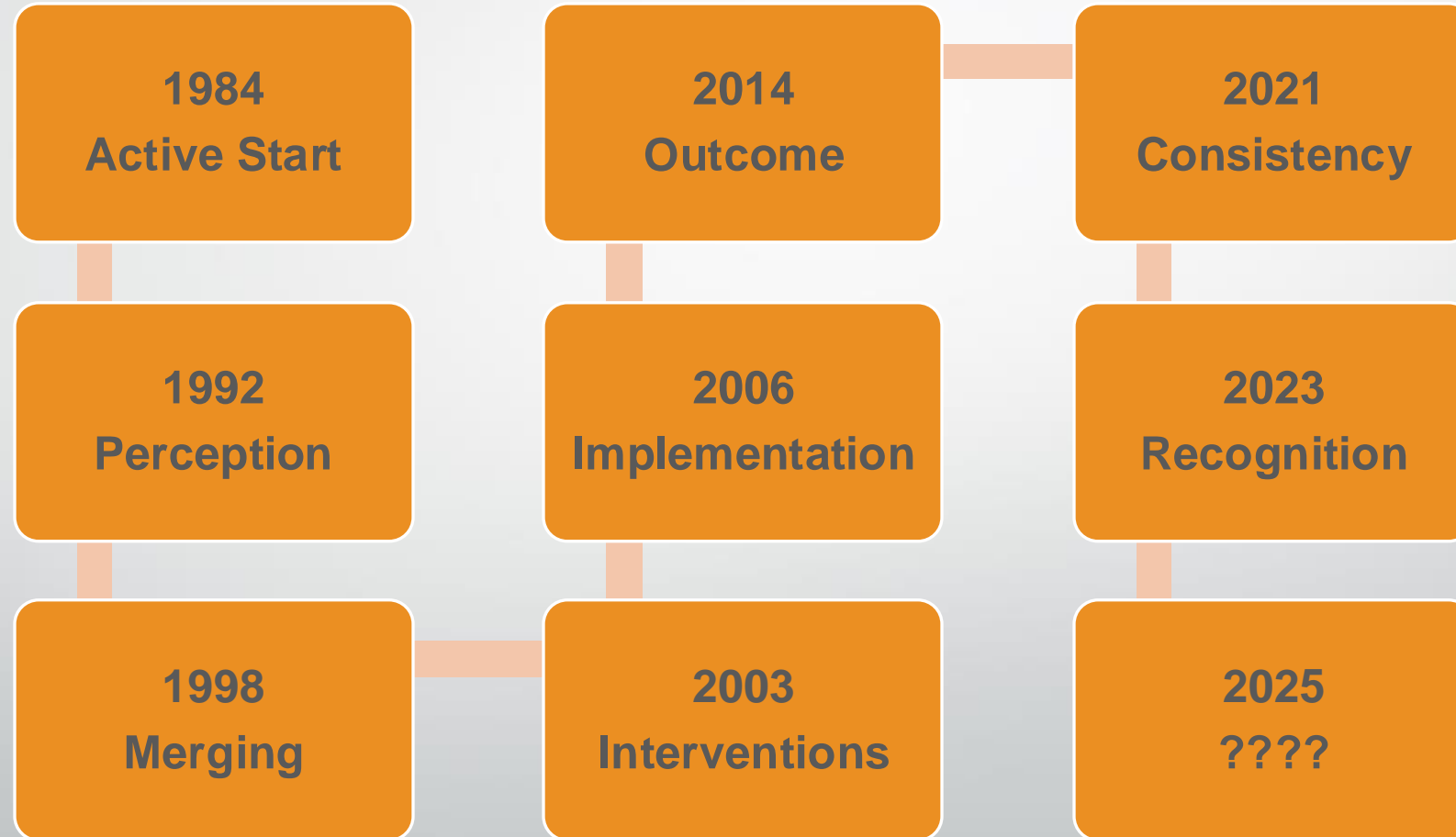


**THE PROPER INTERVENTION
AT THE RIGHT TIME IS
PRICELESS**

Abdelmonaim Elsayed

History

Time Line



Active Start 1984

UNIVERSITY
STELIO V. PELENDRIDIS
JUDO - KARATE
S. O S.
Stelio Original System
International Champions Trainer
78 Omar Loutfi - Alexandria

جامعة
الجودو - الكاراتيه
إس . أو . إس .
عل طريقة البروقو-ير
إ-قايوف . باندرديس
مدرب الأبطال الدوليين
٧٨ ش عمر لطفى - الإسكندرية

شهادة
DIPLOMA

We Certify that Mr/ Abd el Menaam Aly Abd el Menaam
has Passed exams Of Yellow belt
Date 1986 March Judo

شهادة بان السيد /
عبد المنعم علي عبد المنعم
قد حصل على الحزام
التاريخ ١٩٨٦

Registered No. 1920
1986

رقم التسجيل ١٩٢٠
١٩٨٦

Secretary

Alexandria general Trainer
and
judo Federation

KARATE

Members Of examiners



Perception / Merging / Interventions 1992 – 2003



Judo Superiority – Added value – Eligibility for Faculty of Pharmacy

Flying to Success 2003– 2006



Judo Coaching – **Pharmaceutical Interventions** – **New Start**

Implementation / Outcome / Consistency

2006 - 2021



Appreciation 2022



IJF Recognition 2023



INTERNATIONAL JUDO FEDERATION
IJF ACADEMY

UNDERGRADUATE CERTIFICATE AS JUDO INSTRUCTOR

Name: ELSAYED Abdelmonaim

Date of birth: 1981-07-23

Country: Saudi Arabia

Student ID: 8368

Certificate number: UCJI / 631 / 2023



JOY

Judo Pharmacist's Approach

2024

EUROPEAN JUDO UNION *Judo – more than sport!*

NEWS CALENDAR RESULTS GALLERY ACTIVITIES EJU JUDOKA

22 June 2024

English

JOY: JUDO CONNECTING OLDER AND YOUNGER GENERATIONS

EJU Judo Festival 2024

Co-funded by the European Union

OLDER & YOUNGER IN JUDO

LET'S BRIDGE GENERATIONS THROUGH JUDO!

JUDO KLUB RIJEKA
UNIVERSITA DEGLI STUDI DI BOLOGNA "FORO ITALICO" 1928
ALSANCAK SPOR KULUBU
SOLOVCS
LIBERTY JUDO CLUB
IJF ACADEMY
NEWTON newton-activities
UNIVERZA V LJUBLJANI
EUROPEAN JUDO UNION

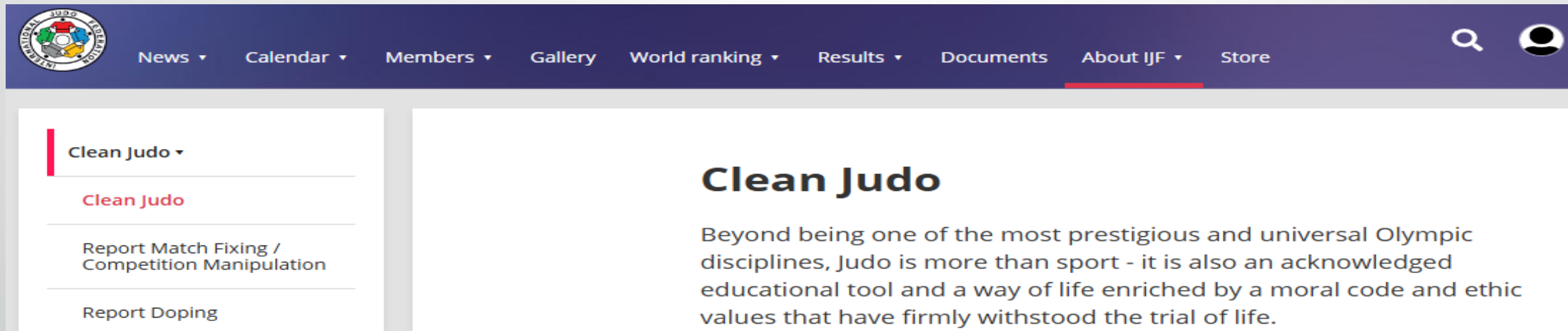
JOY 2024



CLEAN

Judo Pharmacist's Approach

2024



The screenshot shows the IJF website's navigation bar with the logo on the left and menu items: News, Calendar, Members, Gallery, World ranking, Results, Documents, About IJF, and Store. On the right are search and user icons. The main content area features a 'Clean Judo' dropdown menu on the left with options: 'Clean Judo', 'Report Match Fixing / Competition Manipulation', and 'Report Doping'. The main text area on the right is titled 'Clean Judo' and contains the following text:

Clean Judo

Beyond being one of the most prestigious and universal Olympic disciplines, Judo is more than sport - it is also an acknowledged educational tool and a way of life enriched by a moral code and ethic values that have firmly withstood the trial of life.

C - Competency

L - Learning

E - Education

A - Anti-Doping

N - Natural

First IOC Drugs in Sports certified IJF Academy Judo Instructor 2024



QUESTIONS?

1. SPORTS PHARMACIST ?
2. EDJCO PLATFORM?
3. RELEVANT INTERNATIONAL STATS ?
4. MEDICAL ASSESSMENT FOR CANDIDATES ?
5. AWARENESS OF ELDERLY MEDICATION?
6. PERIODICAL MEDICATION RECONCILIATION?
7. RELEVANT INTERNATIONAL ORGANIZATIONS ?

SPORTS PHARMACIST

- Sports pharmacists possess expertise in medications, supplements, and other pharmaceutical interventions that are relevant to sports performance, recovery, and overall health.
- A clinical sports pharmacist is a specialized pharmacist who focuses on the pharmaceutical needs of athletes and individuals engaged in physical activity, including both **recreational** and professional athletes.

Gap analysis

- Sports pharmacists play a crucial role in the sports context by closing the loop between athletes, their support personnel.
- They play a crucial role in identifying critical issues and preventing athlete's harm. Their basic knowledge covers a wide range of medical and social aspects of sports governance, enabling them to proactively address potential challenges..
- Clinical Sports Pharmacist who is regularly attending with team's training sessions, will provide effective on site interventions resembling the clinical pharmacist doing In-patients hospital rounds with medical team or attending patients in Out-patients clinics.

Elderly who are doing physical activity may require specialized on site care similar to hospital-admitted patients, potentially reaching level of an ICU

Gap identification

- In Clinical Practice, sports pharmacists can advise athletes on the safe, effective and permissible use of drugs in sport serving as a safety net.
- They can also advise **other individuals** who participate in sport and exercise, or doing any physical activity on the safe use of medicines and supplements.
- Proper referrals to Sports Physician, Sports Physiotherapist, Sports Nutritionist, Sports Mental Health Specialist and Sports Safeguarding Specialist.

Sports Pharmacy serves as a vital support system for all athletes, encompassing both technical and healthcare personnel.

This inclusive approach ensures easy access to essential assistance for athletes

EDJCO

Module 3

Educating Judo Coaches for Older practitioners

EDJCO (Project ref. 622155-EPP-1-2020-1-IT-SPO-SCP)

3. SAFETY AND FIRST AID

1

3.1 Medical aspects: history, certificate and **drug use**

2

3.2 Risk prevention

3

3.3 Diet and hydration

4

3.4 Self-Evaluation Quiz

5

3.5 References

EDJCO

Module 3

General advices

The majority of older adults can safely take up light to moderate exercise, such as walking, with medical clearance suggested before, starting vigorous exercise.

However always novices may start Ukemi and Flexibility exercises from the mat. Also Throws, if possible, must start from seated position then kneeling , squatted, then up but in very slow and soft way.

Tips to avoid injury include:

begin slowly with low-intensity exercises, warm up with low-intensity exercises at the start of an exercise bout, be aware of your surroundings, ex. the end of mat. Etc.

An older adult at high risk for or diagnosed with heart disease, or whose weight is categorized as obese or high obese, should consult with a health care professional prior to becoming more physically active.

With older adults should take precautions or avoid exercising outdoors in very warm or very cold weather and in the Dojo in very warm situations es: winter with high heating inside.

International Stats

WHO



World Health
Organization

Health Topics ▾

Countries ▾

Newsroom ▾

Emergencies ▾

Ageing and health

1 October 2024

Key facts

- All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.
- In 2050, 80% of older people will be living in low- and middle-income countries.
- The pace of population ageing is much faster than in the past.
- In 2020, the number of people aged 60 years and older outnumbered children younger than 5 years.
- Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.

In 2019, the number of people aged 60 years and older was **1 billion**.

This number will increase to **1.4 billion** by 2030 and **2.1 billion** by 2050.

International Stats

CDC



Older Adult Fall Prevention

EXPLORE TOPICS ▼

SEARCH

MAY 9, 2024

Older Adult Falls Data

AT A GLANCE

Falls are the leading cause of injury for adults ages 65 years and older. Older adult falls are common, costly, and preventable.

Falls are the **leading cause of injury** for adults ages 65 years and older
Over **14 million**, or **1 in 4** older adults report falling every year

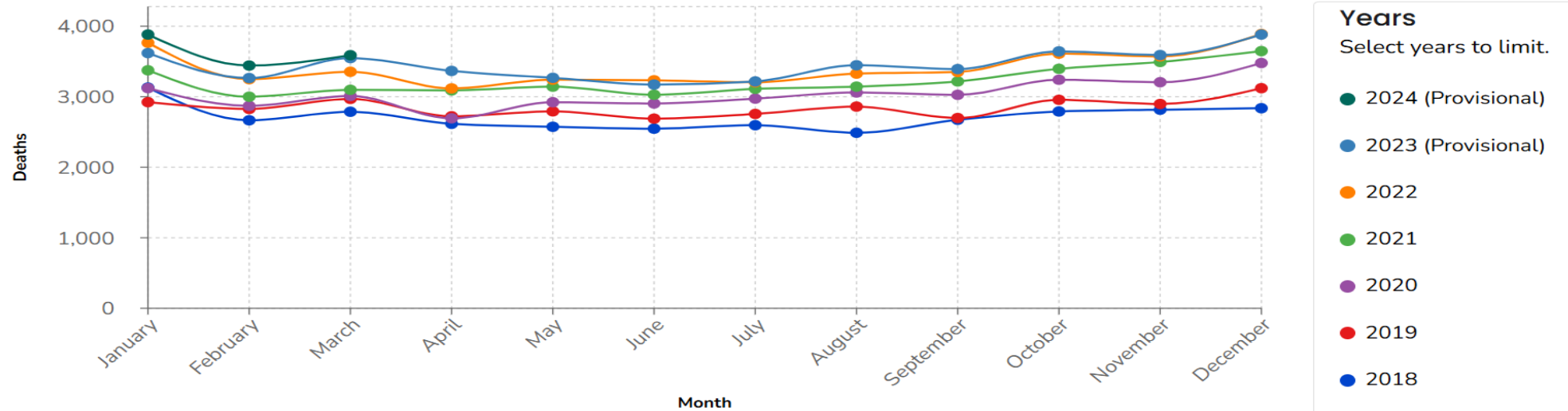
International Stats -USA

CDC

Provisional and Final Fatal Injury Data by Month, United States

Select Injury Type

Unintentional Older Adults Falls (Age 65 and Older)



As of the latest provisional data from **2023** , there are **41,409** deaths reported based on death certificate data received, but not yet fully reviewed, by CDC's National Center for Health Statistics (NCHS)

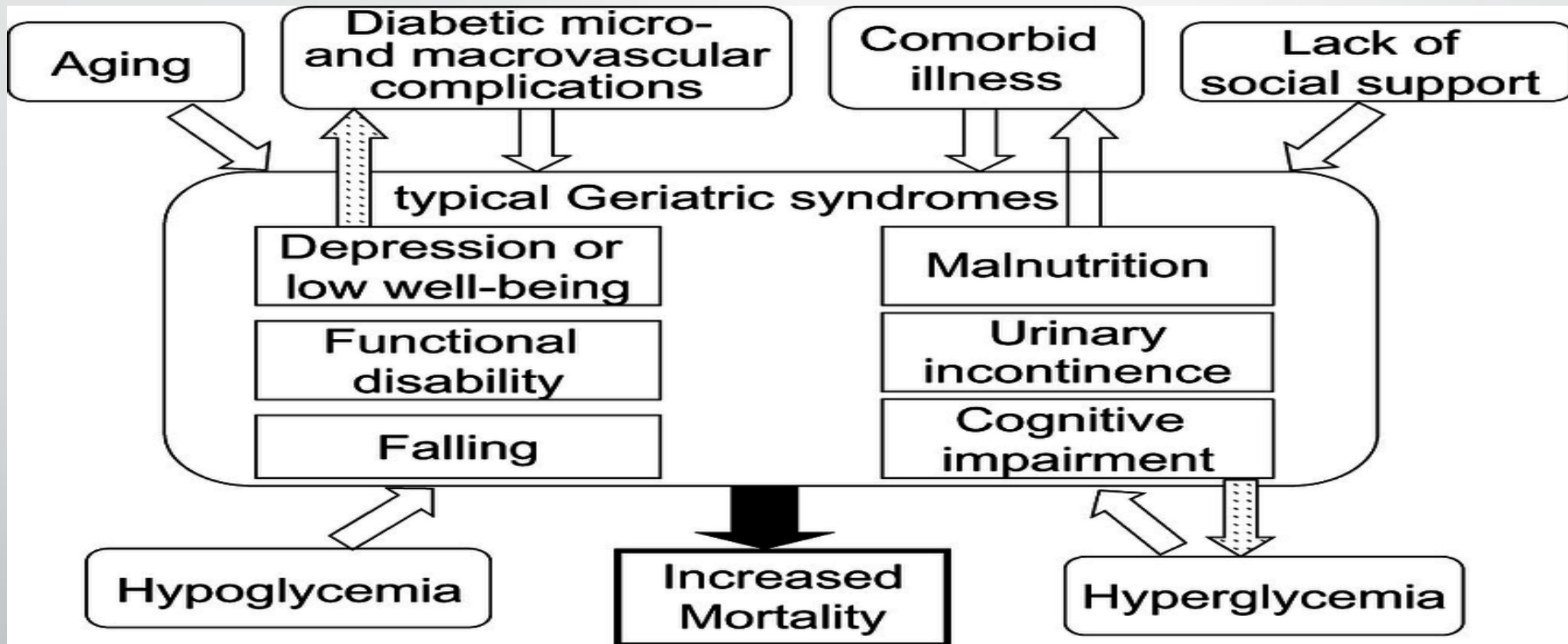
Common Health conditions

WHO

As people age, they are more likely to experience several conditions at the same time

- Diabetes
- Dementia
- Depression
- Hearing loss
- Osteoarthritis
- Back and neck pain
- Cataracts and refractive errors
- Chronic obstructive pulmonary disease

Geriatric Syndromes



Older age is characterized by the emergence of several complex health states, often as the consequence of multiple underlying factors and include frailty, urinary incontinence, **falls**, delirium and pressure ulcers

CDC

National Center for Health Statistics

NCHS Data Brief ■ No. 347 ■ August 2019

Prescription Drug Use Among Adults Aged 40–79 in the United States and Canada

Craig M. Hales, M.D., M.P.H., Jennifer Servais, B.Sc., Crescent B. Martin, M.P.H., M.A., and Dafna Kohen, Ph.D., M.Sc.

Nearly **7 in 10** adults aged **40–79** used at least **1** prescription drug in the US (**69.0%**) and Canada (**65.5%**)

Around **1 in 5** used at least **5** prescription drugs (**22.4%** in the United States and **18.8%** in Canada)

CDC

National Center for Health Statistics

Among adults aged 40–59, the most commonly used drug types in the US were:

- Antidepressants
- lipid-lowering drugs
- ACE inhibitors

In Canada, they were:

- Analgesics
- Antidepressants
- Lipid-lowering drugs



CDC

National Center for Health Statistics

Among adults aged 60–79, the most commonly used drug types in the US were:

- Lipid-lowering drugs
- Antidiabetic agents
- Beta blockers

In Canada they were:

- Lipid-lowering drugs,
- Analgesics
- Proton pump inhibitors

UK

Public Health England



Menu



[Home](#) > [Health and social care](#) > [Public health](#) > [Health improvement](#) > [Drug misuse and dependency](#)
> [Prescribed medicines review: report](#)



[Public Health
England](#)

Research and analysis

Prescribed medicines review: summary

Updated 3 December 2020

11.5 million adults in England (**26%** of the adult population) received, and had dispensed, one or more prescriptions for any of the medicines within the scope of the review

UK

Public Health England

The totals for each medicine were:

- Antidepressants **7.3 million people (17% of the adult population)**
- Opioid pain medicines **5.6 million (13%)**
- Gabapentinoids **1.5 million (3%)**
- Benzodiazepines **1.4 million (3%)**
- Z-drugs (non – Bz) **1.0 million (2%)**

UK

Age UK



The State of Health and Care of Older People, 2023

On average, individuals aged 60 or over are prescribed multiple medications to manage chronic conditions such as diabetes, hypertension, and cardiovascular diseases

For those aged **85** and older

96% are taking at least **1** prescribed medication

56% are taking at least **5** medications

UK

Age UK

The most commonly prescribed medications for the elderly include:

- **Analgesics:** For pain management.
- **Antidepressants:** To manage depression and anxiety.
- **Antidiabetic Agents:** Including metformin and insulin.
- **Antihypertensives:** Used to manage high blood pressure.
- **Proton Pump Inhibitors (PPIs):** For gastrointestinal issues.
- **Lipid-Lowering Drugs:** Such as statins, to manage cholesterol levels.

IMPACT

These statistics highlight the significant reliance on prescription medications among the elderly, emphasizing the importance of proper medication management and monitoring to ensure safety and efficacy in general and specifically while doing exercise

International Patient Safety Goals (IPSGs)

The Targeted Solutions Tool® (TST®) can help JCI-accredited organizations meet IPSPG requirements.

GOAL 1 Identify Patients Correctly



Hand-Off Communications
TST



GOAL 2 Improve Effective Communication

GOAL 3 Improve the Safety of High-Alert Medications



Safe Surgery
TST



GOAL 4 Ensure Safe Surgery

GOAL 5 Reduce the Risk of Health Care-Associated Infections



Hand Hygiene
TST

Preventing Falls
TST



GOAL 6 Reduce the Risk of Patient Harm Resulting from Falls

International Patient Safety Goals vary by setting. Targeted Solutions Tools are not applicable for every IPSG. Visit jointcommissioninternational.org for details.

Goal Six

Reduce the risk of patient harm resulting from falls.

IPSG.6 Reduce the Risk of Patient Harm Resulting from Falls

- Implements a process for the **initial assessment** of patients for fall risk and **reassessment** of patients when indicated by a change in condition or medications, among others.
- Measures are implemented to reduce fall risk for those assessed to be at risk.
- Measured are **monitored** for results, both successful fall injury reduction and any unintended related **consequences**.

JCI

Emergency Care Research Institute

Sentinel **Alert**
Event

**A complimentary publication of The Joint Commission
Issue 55, September 28, 2015**

Preventing falls and fall-related injuries in health care facilities

Falls with serious injury are consistently among the **Top 10 sentinel events** reported to the Joint Commission's Sentinel Event database,

Approximately **63% of falls resulted in death**, while the remaining patients sustained injuries.

ECRI reports a **significant number of falls occurring in non-hospital settings**

JCI

Tools used in preventing falls and fall-related injuries in health care facilities

AHRQ (Agency for Healthcare Research and Quality) toolkit: Preventing Falls in Hospitals

This toolkit focuses specifically on reducing falls during a patient's hospital stay.

ISCI (Institute for Clinical Systems Improvement) : Prevention of Falls (Acute Care)

This protocol includes recommendations for a falls and injury risk assessment and focuses on strategies and interventions for the prevention and eventual elimination of falls with injury among adult patients in acute care settings.

IHI (Institute for Healthcare Improvement): Transforming Care at the Bedside How-to Guide Reducing Patient Injuries from Falls

This resource focuses on approaches to reduce physical injury associated with patient falls occurring on inpatient units.

JCI

Tools used in preventing falls and fall-related injuries in health care facilities

VA-NCPS (Veteran Affairs -National Center for Patient Safety): Falls Toolkit

Staff from the VA-NCPS worked with the Veterans Integrated Service Network 8 Patient Safety Center of Inquiry (VISN 8 PSCI), part of the James A. Haley Veterans' Hospital in Tampa, and others to develop this toolkit, which is designed to aid facilities in developing comprehensive falls and injury prevention programs.

Available since 2004, this was **the first national toolkit** to focus on fall injury reduction, **specifically hip fractures and head injury**.


VA-NCPS (Veteran Affairs - National Center for Patient Safety) : Implementation Guide for Fall Injury Reduction

This guide is a focused version of **8 goals** to help prevent falls and fall-related injuries, continuing VA's national guidance to prevent moderate to serious fall-related injuries across settings of care.

This implementation guide is designed for administrative, clinical, quality and patient safety personnel in hospitals, **long-term care, and home care**, to further enhance the program's infrastructure and capacity to **fully implement a fall injury prevention program**

SPECIAL ARTICLE

American Geriatrics Society 2023 updated AGS Beers Criteria[®] for potentially inappropriate medication use in older adults

By the 2023 American Geriatrics Society Beers Criteria[®] Update Expert Panel 

The **2023** update of the AGS Beers Criteria[®] includes many modifications including a number of new and significantly modified criteria and many minor changes in formatting and wording to enhance clarity and usability.

AGS has released the **2023** AGS Beers Criteria[®] App as well as a pocket card, both of which can be accessed via [GeriatricsCareOnline.org](https://www.geriatricscareonline.org)

BGS

British Geriatrics Society
Improving healthcare for older people

BGS

Comprehensive Geriatric Assessment Toolkit for Primary Care Practitioners

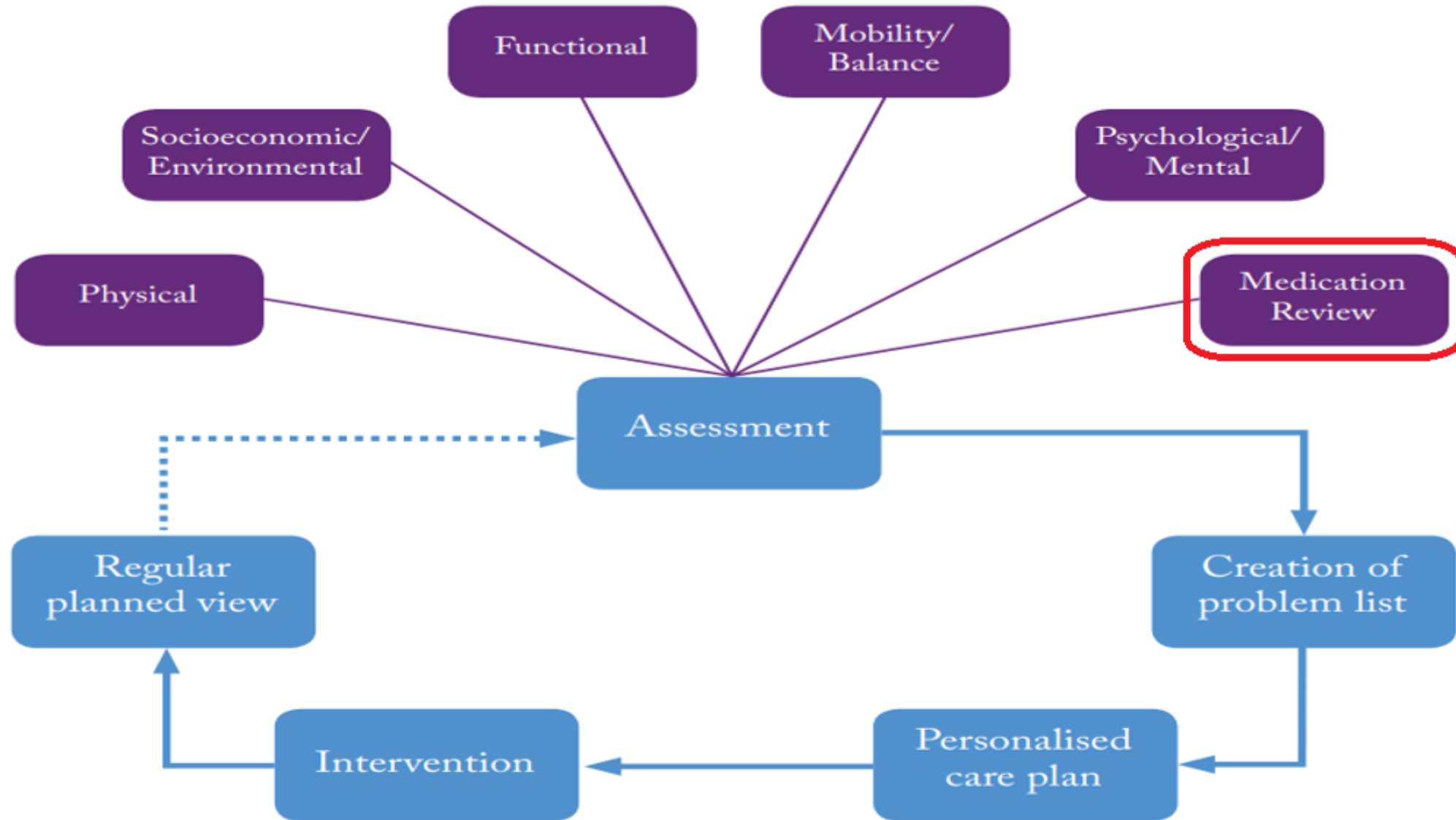
This toolkit is an introduction **CGA** in primary care settings.

It is divided into two parts.

Section 1 covers the basics of CGA in primary care

Section 2 relates CGA to specific clinical presentations that may be encountered in practice

BGS Framework





FACT SHEET

Medications Linked to Falls

Review medications with all patients 65 and older. Medication management can reduce interactions and side effects that may lead to falls.

STOP medications when possible.

SWITCH to safer alternatives.

REDUCE medications to the lowest effective dose.

Review prescription drugs, OTC, and herbal supplements.

Some can cause dizziness, sedation, confusion, blurred vision, or orthostatic hypotension including:

- Anticholinergics
- Antihistamines
- Medications affecting blood pressure
- Muscle relaxants

Check for psychoactive medications, such as:

- Anticonvulsants
- Antidepressants
- Antipsychotics
- Benzodiazepines
- Opioids
- Sedatives-hypnotics

CDC

Develop a patient plan that includes:

- Medication changes
- Monitoring potential side effects.

Implement other strategies including:

- Non-pharmacologic options to manage conditions
- Address patient barriers
- **Reduce fall risk**

Linking Academic Knowledge with Practice

Study

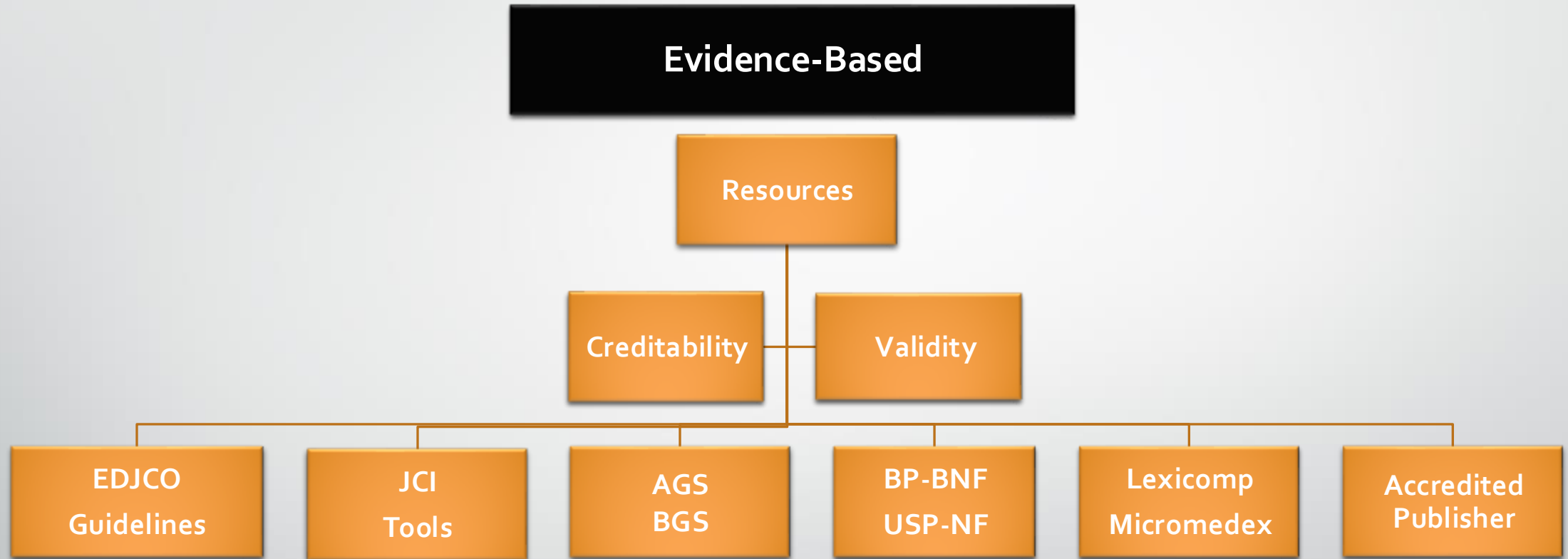
Vs

Profession

Theoretical	Practical
Theoretical knowledge is based on abstract concepts, principles, and ideas.	Practical knowledge is based on real-world experience and application.
Theoretical knowledge focuses on understanding concepts and principles.	Practical knowledge focuses on implementing those concepts and principles in real-world situations.
Theoretical knowledge is typically learned through reading, studying, and academic research	Practical knowledge is often learned through hands-on experience and experimentation.
Theoretical knowledge is often used to develop new theories or advance existing ones	Practical knowledge is used to solve real-world problems and create practical solutions.
Theoretical knowledge can be developed and discussed over an extended period, sometimes spanning decades	Practical knowledge requires immediate application to solve problems in the present.

ENDLESS DEBATE

Sports Pharmacist Interventions



Prospective Approach (Clinical Sports Pharmacist)

Criteria	PROACTIVE	REACTIVE
Fall Risk Type	Very Low – Healthy Low – Minor Condition	Medium – Ambulatory (Moderate Condition) High Risk – Post Trauma (Severe Condition)
Fall History	Nil – No History Happened – No / Mild Impact	Happened – Moderate Impact Happened – Sever Impact / Sentinel Event
Safe Falling Program	Dojo – Club Group	Clinic – Hospital Individualized / Tailored
Candidate Assessment	IJF Academy EDJCO Guidelines	JCI – Fall Prevention Tools (AHRQ, ISCI, IHI,..etc) Relevant organizations (AGS, BCG)
Medical Referrals	Primary Care / Family Medicine Geriatrics	Primary Care / Family Medicine / Geriatrics Orthopedic / Spinal / Physiotherapy / Others
Medication Reconciliation	Semi-Annually – Quarterly Minor Changes	Monthly - Weekly – Daily (according to case) Major Changes ADRs - Interactions (DF/DS/DD)
Pharmaceutical Interventions	Limited – Acute Conditions Minimum – Controlled Case	Broad Scope – Safe Falling Clinic (Outpatients) Maximum - Multidisciplinary Team (Inpatients)

Family Case

Sex: Female
Date of Birth: 04/07/1958
Phone: 0546429904

Care Providers

Admitting Physician -

NAYEF MANSOUR ALSHAMMARI 395433 PSMC

Reason for Admission

fall down , back pain 2 days ago PT HTN

Brief History

66 years old female
history of stroke
arrhythmia
HTN

4 days history of fall from stairs, slipped

Social History

Alcohol

Never used, 10/30/2024

Substance Use

Never, 10/30/2024

Tobacco

Never smoker, 10/29/2024

Discharge Summary

Physical Exam

Vitals & Measurements

T: 36.4 °C (Oral) HR: 58(Monitored) RR: 20 BP: 115/70 SpO2: 96%
HT: 159 cm HT: 159 cm WT: 66 kg WT: 66 kg WT: 66 kg BMI: 26
BMI: 26.11

Vitally stable
alert, oriented , GCS 15/15
mild pain over the fracture rib site
Abdomen: Soft and lax, not tender, not distended

Allergies

Zithromax

Hospital Course

patient admitted as a case of **splenic contusion and mildly displaced left 11th rib fracture**
admitted for observation and pain control
seen before discharge
Doing fine
Tolerating orally
Mobilizing
ready for discharge

Discharge Assessment/Plan

- incentive spirometer at home
- analgesia medications
- GS OPD after 4 weeks
- ED instructions given

Condition On Discharge

doing well 

Discharge Orders/ Follow up Instructions

GS follow up after 4 weeks

References

- <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- https://www.who.int/health-topics/ageing#tab=tab_1
- <https://www.cdc.gov/falls/data-research/index.html>
- <https://wisqars.cdc.gov/fatal-injury-trends/>
- https://rise.articulate.com/share/jnRRZ1-chwwCMM6aUdo-GTY7caSif4_a#/lessons/aJu3-PhMxsgIAiHtWaVFlgn_QWbtCthJ
- https://www.researchgate.net/figure/Relation-between-geriatric-syndromes-and-their-risk-factors-in-elderly-people-with_fig2_26798887
- <https://www.cdc.gov/nchs/products/databriefs/db347.htm>
- <https://www.gov.uk/government/publications/prescribed-medicines-review-report/prescribed-medicines-review-summary>
- <https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age-uk-briefing-state-of-health-and-care-july-2023-abridged-version.pdf>
- https://www.jointcommissioninternational.org/-/media/jci/jci-documents/news-and-support/coronavirus/jci_ipsg_infographic.pdf
- <https://www.jointcommissioninternational.org/standards/international-patient-safety-goals/>
- <https://www.jointcommission.org/-/media/tjc/newsletters/sea-55-falls-4-26-16-final-2-combined.pdf>
- <https://www.semanticscholar.org/paper/American-Geriatrics-Society-2023-updated-AGS-Beers-Samuel/bd86ffe5262122e71014534dbe743904bb5cc87b>
- https://www.bgs.org.uk/sites/default/files/content/resources/files/2019-03-12/CGA%20Toolkit%20for%20Primary%20Care%20Practitioners_o.pdf
- <https://sportspharmacists.org/>
- <https://www.cdc.gov/steady/media/pdfs/STEADI-FactSheet-MedsLinkedtoFalls-508.pdf>



Questions?

drjudoka@gmail.com



THANK YOU...