

Student's Name

Professor's Name

Course Number

Date

Peer Replies

Reply to Giselle

Hi Giselle,

Your review of multimorbidity is very robust, particularly the connection to lifetime exposures and the modifiable risk factors such as smoking and socioeconomic status. Another perspective is that fall risk can be concealed in normal care since patients might not report a previous fall or fear of falling unless specifically inquired. It is important since fear may result in reduced activity, strength and balance in the long run. I also appreciate that you concentrated on orthostatic hypotension and polypharmacy. In addition to medication checkup, the National Council on Aging emphasizes annual vision, hearing checkups and practical changes in the home (lighting, bathmats, and grab bars) as essential preventive measures, which supports the way multifactorial fall prevention must be (0:34-1:13).

Work Cited

National Council on Aging. *6 Steps to Prevent a Fall*. 2015. *YouTube*,
<https://www.youtube.com/watch?v=tx3Oc0SIZnI>.

Reply to Stephen

Hi Stephen

The concept of multimorbidity as aging, habits, genetics, and access to care is well explained by you and I do agree that prevention must not focus only on any of these factors. Another key cycle emphasized in your fall section is that weakness and balance can be aggravated by the reduced activity in the aftermath of a fall. Another way of looking at the same changes in health is with respect to their impact on road safety. According to LabX, driving requires a lot of attention and vision, and adults who are over 65 might be poorer at changing attention rapidly and processing unforeseen risks, leading to longer reaction time (0:34). Cognitive and sensory demands in a multimorbid older adult may be even more difficult to fulfill. An exercise and home modifications program combined with regular self-driving evaluation might reinforce a safety plan.

Work Cited

LabX. *Older Drivers*. 2013. *YouTube*, <https://www.youtube.com/watch?v=-A6gX0ZDsXc>.