

Obesity management is also part of fall prevention

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To the Editor—I read with interest the article “Falls prevention in the elderly: translating evidence into practice” by Luk et al¹ in the April 2015 issue of the *Hong Kong Medical Journal*. As obese individuals have a significantly higher risk of fall compared with normal-weight elderly persons,² I believe weight status and waist circumference should be considered when assessing fall risk.^{3,4} Multifactorial fall prevention strategies should include the prevention of osteosarcopenic obesity and thus, in addition to regular physical exercise, should include advice about an adequate diet for weight reduction, as well as an appropriate dietary protein intake of 1.0 to 1.2 g/kg bodyweight/day.⁵ In my practice, the introduction of two simple everyday exercises has achieved very good results in the improvement of muscle strength and dual-task performance to reduce fall risk in obese individuals. In the first instance, I ask patients to rise from a chair without assistance (10-15 repetitions, 2 times a day). Second, I make them balance along an imaginary or existing line with a length of several metres twice a day, while counting backwards in increments of 3 (ie 90, 87, 84, etc). They then walk backwards along the same line.

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