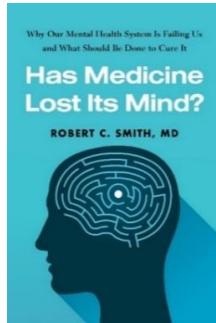


HAS MEDICINE LOST ITS MIND?



Newsletter 19: Falls in the Elderly August 2025

Dear (name),

A [recent article from JAMA](#) (Risky Prescribing and the Epidemic of Deaths from Falls) by Thomas Farley absolutely shocked me. In patients 65 years or older, there were 41,000 deaths from falls in 2023. This is more than the numbers of deaths from traffic accidents, drug overdoses, and other unintentional deaths combined! It's also similar to the number of deaths from breast cancer or prostate cancer.

Here's the kicker. The deaths from falls have tripled in the last 30 years. What's going on? The usual risk factors have not changed: impaired vision, alcohol use, muscle weakness, balance problems, difficulty walking, cognitive decline, living alone, or dangerous home situations.

The problem is the soaring use of prescription drugs that cause drowsiness and impaired balance and incoordination. Data demonstrate that **65% to 93% of patients injured in falls took one or more of these drugs**: benzodiazepines, opioids, gabapentin, and antidepressants; risky medications also include beta blockers (propranolol, atenolol) and anticholinergics (Benadryl, Dramamine).

The surge in opioid prescribing in the 1990s coincides with increased deaths from falls. The increased prescribing of benzodiazepines—often combined with opioids—in the 2000s proportionally raised the death rate from falls. Nearly 20% of people 85 years and older took benzodiazepines in 2010; while slightly lower in 2023 at 17%, that's still way too high (the American Geriatric Society says there's no indication whatsoever for benzodiazepines). In 2023, 32% of people over 65 years took opioids, and 17% were taking tranquilizers, mostly benzodiazepines. With the slight reduction of opioids and benzodiazepines since 2012, we've seen a 4 times increase in gabapentin use, often combined with opioids. And antidepressant use increased from 8% in 1999 to 20% in 2020.

Because clinicians prescribe these drugs, they could—by not prescribing—prevent many deaths from falling. Based on the tripling of deaths paralleling the increased use of these psychoactive drugs, the authors estimate that medicine could prevent two-thirds of the deaths, some 25,000 per year. But they are not sanguine about this possibility, lamenting that prior such warnings to

clinicians have done little of value. They call for a broader approach, such as administrative monitoring via electronic health records and presenting these data to prescribing physicians. I doubt this will be any more effective.

Has Medicine Lost Its Mind? makes the critical, often unrecognized point that explains the problem and points to its cure. Medical education has not taught these doctors how to use psychoactive drugs, much less the conditions for which they now prescribe them, for example, chronic pain, anxiety, addiction, insomnia, and depression.

There's no magic bullet here. We need a massive revision and re-envisioning of medical education and medicine. Has Medicine Lost Its Mind? tells exactly what to do and how to achieve it politically.

If you'd like to do something about correcting the mental health problem, go to my website (<https://www.robertcsmithmd.com>). Scroll down and you'll see **ACT NOW**. Simply paste the sample letter into the email addresses provided and send.

You can also follow me on social media: ([\(20+\) Facebook](#)), ([\(15\) Robert C. Smith | LinkedIn](#)), and ([\(19\) Robert C. Smith, MD \(@RobertCSmithMD\) / X](#)).

Thanks for participating in the revolution in mental health care and, writ large, medical care itself.

Take care and be well,

Bob

PS—on a lighter side, here's my rapidly growing puppy protecting her mother

