

1990—2023年老年人跌倒疾病负担及相关影响因素分析[△]

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中图分类号 R95;R195.4 文献标志码 A 文章编号 1001-0408(2026)12-1631-07
DOI 10.6039/j.issn.1001-0408.2026.12.19



摘要 目的 分析1990—2023年跌倒疾病负担的变化趋势,分析跌倒的风险因素,为降低跌倒疾病负担措施和公共卫生政策的制定提供参考。**方法** 基于全球疾病负担(GBD)数据库2023年数据,系统分析1990—2023年中国及全球跌倒疾病相关患病率、死亡率、伤残调整生命年(DALYs)、发病率的变化情况,并按性别、年龄、社会人口指数(SDI)水平进行分层分析;系统分析2023年跌倒疾病相关风险因素,并结合相关文献证据探讨多病共存、多重用药对跌倒发生的影响。**结果与结论** 全球1990—2023年跌倒疾病患病率、死亡率、DALYs、发病率的年龄标准化率变化百分比分别为-2.4%(95%UI为-4.8%~-0.3%)、-7.8%(95%UI为-20.5%~10.9%)、-10.6%(95%UI为-16.5%~-4.3%)、-4.6%(95%UI为-8.1%~-0.8%);但部分地区上述指标的年龄标准化率变化百分比>0(如澳大拉西亚的患病率、死亡率、DALYs和安第斯拉丁美洲的发病率等);中国1990—2023年跌倒疾病死亡率和DALYs的年龄标准化率变化百分比分别为-18.3%(95%UI为-56.7%~32.3%)和1.9%(95%UI为-10.1%~12.4%),而患病率和发病率的年龄标准化率变化百分比分别为25.9%(95%UI为20.2%~32.0%)和35.7%(95%UI为28.5%~44.1%)。全球高、中高水平SDI地区跌倒疾病患病率和发病率的年龄标准化率变化百分比均呈上升趋势,DALYs呈下降趋势,而死亡率的变化趋势不明确;中等水平SDI地区跌倒疾病患病率和发病率的年龄标准化率变化百分比均呈上升趋势,而死亡率和DALYs的变化趋势均不明确;中低水平SDI地区跌倒疾病患病率、DALYs、发病率的年龄标准化率变化百分比均呈下降趋势,而死亡率的变化趋势不明确;低水平SDI地区上述指标的变化趋势均不明确。中国和全球跌倒疾病负担与年龄/性别的相关性分析均表明,青壮年和中老年男性群体的跌倒疾病发生风险较高,而女性则集中于高年龄群体;随着SDI水平的升高,跌倒疾病DALYs年龄标准化率变化百分比增高趋势明显,且上述趋势在高水平SDI地区更显著。烟草、饮酒、低骨密度和职业风险是导致跌倒发生的风险因素,其中低骨密度、职业风险的贡献度较大(在部分地区超过20%);多病共存和多重用药也可显著增加跌倒风险。建议临床建立跌倒风险增加药物目录及警示系统,完善用药评估,加强用药教育与依从性管理,建立多学科协作,制定特定人群用药策略,以降低跌倒发生率、减轻跌倒疾病负担。

关键词 跌倒;全球疾病负担;老年人;多病共存;药物相关性;风险因素

Analysis of the disease burden of falls and influencing factors among the elderly from 1990 to 2023

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ABSTRACT **OBJECTIVE** To analyze trends in the burden of disease associated with falls from 1990 to 2023, identify risk factors for falls, and provide a reference for the development of measures to reduce the burden of disease associated with falls and the formulation of public health policies. **METHODS** Based on the data of 2023 from the Global Burden of Disease (GBD) database, the changes in fall-related prevalence, mortality, disability-adjusted life years (DALYs) and incidence in China and globally from 1990 to 2023 were analyzed, and the stratified analyses by gender, age and socio-demographic index (SDI) were conducted. The risk factors related to falls in 2023 were systematically analyzed, and the impact of multimorbidity and polypharmacy on the occurrence of falls by combining relevant literature evidence was explored. **RESULTS & CONCLUSIONS** Globally, the percentage changes in age-standardized rates of fall-related prevalence, mortality, DALYs and incidence from 1990 to 2023 were -2.4% (95%UI: -4.8% to -0.3%), -7.8% (95%UI: -20.5% to 10.9%), -10.6% (95%UI: -16.5% to -4.3%), and -4.6% (95%UI: -8.1% to -0.8%), respectively. However, in some regions, the percentage changes in age-standardized rates for these indicators were greater than 0 (e.g., prevalence, mortality and DALYs in Australasia, and incidence in Andean Latin America). In China, the percentage changes in age-standardized rates of fall-related mortality and DALYs from 1990 to 2023 were -18.3% (95%UI: -56.7% to 32.3%) and 1.9% (95%UI: -10.1% to 12.4%), while the percentage changes in age-standardized rates of prevalence and incidence were 25.9% (95%UI: 20.2% to 32.0%) and 35.7% (95%UI: 28.5% to 44.1%).

[△]基金项目 国家卫生健康委医院管理研究所医疗质量(循证)管理研究项目(No.YLZLXZ23K004)

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