


BMJ Open Impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a scoping review and evidence map

Liping Wang ¹, Eveline P van Poelgeest,¹ Anouschka C Pronk,¹ Joost G Daams,² Mariska M G Leeflang,³ Alfons G Hoekstra,⁴ Nathalie van der Velde¹

To cite: Wang L, van Poelgeest EP, Pronk AC, *et al.* Impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a scoping review and evidence map. *BMJ Open* 2022;**12**:e057959. doi:10.1136/bmjopen-2021-057959

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-057959>).

Received 02 October 2021
Accepted 05 April 2022



© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

For numbered affiliations see end of article.

Correspondence to

Dr Eveline P van Poelgeest;
e.p.vanpoelgeest@amsterdamumc.nl

ABSTRACT

Introduction Cardiovascular disorders are increasingly recognised as important fall risk factors in older adults. Falls are a major public health problem in older adults, and therefore, effective interventions for reducing falls are essential for this population. Cardiovascular disease is a clinically relevant (but often overlooked) and potentially modifiable risk factor for falls. Literature describing the effects of cardiovascular assessments and treatments on fall prevention has generally focused on only one specific test or treatment. A comprehensive, comparative overview surrounding the effectiveness of available assessments and treatments on cardiovascular related fall risk is currently lacking.

Methods and analysis A scoping review and evidence map will be conducted to summarise the available evidence regarding the (comparative) effectiveness of cardiovascular assessments and therapeutic interventions on reducing fall risk in older individuals. A systematic and comprehensive literature search will be performed in MEDLINE and Embase using the key components 'older adults', 'cardiovascular evaluation', 'cardiovascular intervention' and 'falls'. Furthermore, we will create an evidence map to summarise the quantity and quality of currently available evidence identified in the scoping review. The evidence map will consider, but will not be limited to, observational studies, randomised controlled trials and reviews evaluating cardiovascular tests and treatments (vs controls) on fall risk in older adults.

Ethics and dissemination The scoping review and evidence map will only include data that are publicly available and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at scientific conferences.

INTRODUCTION

Cardiovascular conditions (eg, heart rhythm disorders) are important fall risk factors and contribute to the majority of unexplained recurrent falls and syncope in older persons.^{1–4} Falls are a leading cause of morbidity and mortality in older adults,⁵ and, therefore, identification of effective fall prevention interventions is crucial. In recent systematic

Strengths and limitations of this study

- Summarise published literature on the efficacy of cardiovascular assessments and treatments on fall prevention in older adults, and summarise the evidence in a user-friendly way using evidence map methodology.
- Our comprehensive search strategies were developed under the guidance of an experienced medical librarian.
- We will conduct and report a scoping review by following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews checklist.
- Estimation of fall risk reducing potential of single interventions may be complex because most studies are multimodal in nature.
- We will not summarise evidence for specific cerebrovascular diagnostic tests (eg, MRI of the brain).

reviews and (network) meta-analyses, Tricco *et al* and Dautzenberg *et al*^{6 7} reported on the fall-reducing effects of various interventions, but a comprehensive overview solely focused on the fall risk reducing effects of cardiovascular assessments and treatments is currently lacking.⁸ The European Society of Cardiology guideline on syncope¹ explicitly states that in case of unexplained falls, syncope is likely and therefore the same (cardiovascular) evaluation as for evident syncope is required. However, the aforementioned guideline does not provide detailed guidance for reducing fall risk with cardiovascular evaluation and treatment. As a result, (inter)national guidelines on fall prevention provide varying recommendations and there is considerable variation in cardiovascular diagnostic and therapeutic approaches between clinics and between clinicians.

We aim to summarise the evidence surrounding the (comparative) effectiveness of cardiovascular assessments and treatments

on reducing fall-related outcomes in older adults. We will update and extend our previous research (including a pilot study in 2015)^{8 9} by conducting a scoping review and by summarising the available evidence in an evidence map (EM). Evidence mapping is an evolving methodology suitable for the summation of published evidence and research activity in broad topic areas and for the identification of research gaps to guide evidence-based decision-making.^{10–13} These characteristics render EM particularly suitable for the unmet (clinical) need for evidence-based decision-making in fall prevention. Our results will be used to optimise fall prevention strategies and to develop an evidence-based fall prevention care pathway.

METHODS AND ANALYSIS

The scoping review will be conducted and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews checklist (online supplemental appendix A).¹⁴ In addition, we will summarise the available evidence in an EM.

Eligibility criteria

Participants

We will consider studies or reviews that included adults aged ≥ 50 years (for all participants, or mean age ≥ 60 years), and consider papers for inclusion that report data on subgroups that match our target age limits. These cut-off values are based on the fact that literature shows that fall risk starts to increase from 50 years of age onwards,¹⁵ and that consensus on these limits was reached among international fall experts. By selecting the same age cut-off values in other (review) papers published by this expert group,^{2 16 17} comparability is ensured. In addition, the age cut-off values for this project were also adopted in its pilot phase.⁸

Interventions/exposure and comparators

We will consider studies or reviews that evaluate cardiovascular evaluations (diagnostic tests) and cardiovascular interventions (treatments), either as a single intervention or as part of a multimodal cardiovascular intervention approach. Cardiovascular evaluations refer to blood pressure recordings, tilt table testing, carotid sinus massage, ECG and cardiac ultrasonography. Cardiovascular interventions refer to pacemaker implantation, cardiac valve surgery/repair, coronary angioplasty/bypass grafting, catheter ablation, physical exercise programmes or other cardiophysiotherapy (eg, cardiofitness), non-pharmacological treatments (eg, elastic compression therapy) and pharmacotherapeutic treatments (eg, anti-arrhythmics) aimed at reducing fall risk (online supplemental appendix B; search strategy). We will consider studies that compare the intervention to no active intervention (eg, wait and see) or usual care.

Outcomes

We will consider studies or reviews reporting on (injurious) fall-related outcomes, for example, number of

falls, time to first fall and fall-related hospital admissions or emergency department visits.

Study types

We will consider all available published evidence from inception and will not exclude articles based on research design (eg, observational studies, (non-)randomised controlled trials (RCT)). All settings (community-based, hospital and long-term care facility) will be included. Additionally, (systematic) review articles will be included. We will include studies without language restrictions, and also search for ongoing trials on the topic. We will exclude conference abstracts and papers for which no full text is available.

Search strategy

Search strategies were developed by the project team under the guidance of an experienced medical librarian (JD). The search strategy (online supplemental appendix B) included three concepts: (1) older adults; (2) cardiovascular evaluations/assessments; and (3) falls. We will not include specific cerebrovascular diagnostic (imaging) tests for this project, because this would yield a large number of additional hits, which is likely to have a negative impact on screening quality. Also, according to national and international clinical guidelines on unexplained falls, falls and syncope,^{1 18–20} cerebrovascular imaging should not be routinely performed in the diagnostic work-up. Although falls may be caused by cerebrovascular disease this is usually accompanied by typical neurological complaints and follows a different acute diagnostic care pathway. Assessing the role of cerebrovascular abnormalities for fall risk (and mobility) is beyond the scope of our review as this is a research question on its own.

Information sources

Potentially eligible articles were systematically searched in MEDLINE and Embase from inception to 20 April 2021. Citation searches will be performed in Scopus, Web of Science and through Google Scholar. The authors of identified articles will be contacted if the full text is not accessible or if the data for extraction are missing.

Study selection

Following the search, the identified citations from the searches in MEDLINE and Embase will be combined and deduplicated. The citations will be subsequently uploaded to the web-based Rayyan screening platform.

First, a pilot test will be performed, in which two independent reviewers will screen the first 300 abstracts following the predefined study eligibility (inclusion and exclusion) criteria. Discrepancies will be discussed, and the inclusion and exclusion criteria will be optimised. Additional pilot phases of 200 abstracts will be subsequently performed. This will be repeated until the reviewers reach near-complete ($\geq 99\%$) agreement and fully understand the selection criteria. Following this, the remaining abstracts will be divided and single screened

by the two reviewers. Furthermore, the reference lists of all included (systematic) reviews will be checked for additional relevant papers.

Following the title and abstract screening phase, full-text screening will be conducted by the two independent reviewers. The reasons for excluding articles will be recorded. A third reviewer will be consulted in case of disagreement and uncertainties in both screening phases. The results of the search will be presented in two separate PRISMA flow diagrams: one for cardiovascular diagnostic tests and one for cardiovascular therapies.

Data extraction

Two reviewers will extract data independently using a predefined data collection form in Microsoft Excel. Two separate Excel data collection forms will be built: one for cardiovascular assessments and one for cardiovascular treatments. The extracted data will include relevant study characteristics and results (eg, age of the population, study design, intervention type and fall-related outcomes).

Quality control of extracted data will be performed. Discrepancies will be resolved by the third reviewer. If required data are missing, incomplete or unclear, inquiries will be sent to the corresponding authors by email.

Critical appraisal of included studies

The Cochrane checklist²¹ will be used to assess the risk of bias for eligible RCTs, and the ROBINS-I (Risk Of Bias In Non-randomized Studies of Interventions) tool will be used for eligible non-randomised intervention studies and observational studies²²; the AMSTAR (A Measurement Tool to Assess Systematic Reviews) 2 checklist²³ will be used for critical appraisal of included systematic reviews. Critical appraisal of included studies will be conducted by two independent reviewers. Disagreement between the reviewers will be resolved by the third reviewer.

Data synthesis

We will quantitatively summarise the included study characteristics (eg, study design, type of interventions, quality of studies) and results. Additionally, we will qualitatively group and categorise the data based on the types/topics of cardiovascular diagnostics and cardiovascular treatments. These characteristics, categories and results of data will first be presented in text through a narrative synthesis. Moreover, to visualise the quantity and quality of currently available evidence (and gaps), we will group and categorise the data and summarise it graphically in tables and figures. Three matrix frameworks will be created: one for cardiovascular diagnostics, one for cardiovascular treatments and one for multifactorial (combined) interventions and their effect on (injurious) fall outcomes.

Patient and public involvement

Since this is a scoping review and EM, we will use currently published data; therefore, patients and the public will not be involved in the study.

ETHICS AND DISSEMINATION

The project involves publicly available data and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at scientific conferences. We expect that the results will provide valuable information and evidence-based guidance for clinicians and policymakers, as well as improve cardiovascular fall prevention strategies.

Author affiliations

¹Section of Geriatric Medicine, Department of Internal Medicine, Amsterdam Public Health Research Institute, Amsterdam UMC, location AMC, Amsterdam, The Netherlands

²Medical Library, Amsterdam UMC, location AMC, Amsterdam, The Netherlands

³Section of Methodology, Department of Epidemiology and Data Science, Amsterdam Public Health Research Institute, Amsterdam UMC, location AMC, Amsterdam, The Netherlands

⁴Computational Science Laboratory, Informatics Institute, Faculty of Science, University of Amsterdam, Amsterdam, The Netherlands

Contributors LW, EPvP and NvdV designed the study protocol. LW and EPvP wrote the first draft of the protocol paper. NvdV, ACP, JGD, AGH and MMGL provided critical appraisal for the design of protocol. JD designed and conducted the search. LW, EPvP, ACP, JGD, MMGL, AGH and NvdV contributed to the revision of manuscript and approved the final version of the manuscript.

Funding This work is funded by the University of Amsterdam, Clementine Brigitta Maria Dalderup Fund (grant number: 20713) and the China Scholarship Council (grant number: 202007720083).

Disclaimer The funding institutions had no influence on any part of this protocol.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iD

Liping Wang <http://orcid.org/0000-0002-1329-3290>

REFERENCES

- Brignole M, Moya A, de Lange FJ, *et al*. 2018 ESC guidelines for the diagnosis and management of syncope. *Eur Heart J* 2018;39:1883–948.
- Jansen S, Bhangu J, de Rooij S, *et al*. The association of cardiovascular disorders and falls: a systematic review. *J Am Med Dir Assoc* 2016;17:193–9.
- McCarthy F, Fan CW, Kearney PM, *et al*. What is the evidence for cardiovascular disorders as a risk factor for non-syncopal falls? Scope for future research. *Eur Geriatr Med* 2010;1:244–51.
- Juraschek SP, Daya N, Appel LJ, *et al*. Subclinical cardiovascular disease and fall risk in older adults: results from the atherosclerosis risk in communities study. *J Am Geriatr Soc* 2019;67:1795–802.

- 5 Centers for Disease Control and Prevention. Home and recreational safety, important facts about falls, 2020. Available: <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>
- 6 Tricco AC, Thomas SM, Veroniki AA, *et al.* Comparisons of interventions for preventing falls in older adults: a systematic review and meta-analysis. *JAMA* 2017;318:1687–99.
- 7 Dautzenberg L, Beglinger S, Tsokani S, *et al.* Interventions for preventing falls and fall-related fractures in community-dwelling older adults: a systematic review and network meta-analysis. *J Am Geriatr Soc* 2021;69:2973–84.
- 8 Luiting S, Jansen S, Seppälä LJ, *et al.* Effectiveness of cardiovascular evaluations and interventions on fall risk: a scoping review. *J Nutr Health Aging* 2019;23:330–7.
- 9 Jansen S, de Lange FJ, de Rooij SE, *et al.* Effectiveness of a cardiovascular evaluation and intervention in older fallers: a pilot study. *J Am Geriatr Soc* 2015;63:2192–3.
- 10 Althuis MD, Weed DL. Evidence mapping: methodologic foundations and application to intervention and observational research on sugar-sweetened beverages and health outcomes. *Am J Clin Nutr* 2013;98:755–68.
- 11 Miake-Lye IM, Hempel S, Shanman R, *et al.* What is an evidence MAP? A systematic review of published evidence maps and their definitions, methods, and products. *Syst Rev* 2016;5:1–21.
- 12 Snilstveit B, Vojtkova M, Bhavsar A, *et al.* Evidence & Gap Maps: A tool for promoting evidence informed policy and strategic research agendas. *J Clin Epidemiol* 2016;79:120–9.
- 13 Alahdab F, Murad MH. Evidence maps: a tool to guide research agenda setting. *BMJ Evid Based Med* 2019;24:209–11.
- 14 Tricco AC, Lillie E, Zarin W, *et al.* PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* 2018;169:467–73.
- 15 National Institute for Health and Care Excellence. Falls in older people: assessing risk and prevention. *NICE Clinical Guideline* 2013;161.
- 16 Seppälä LJ, Kamkar N, Ryg J, *et al.* Protocol for a systematic review and meta-analysis assessing the effectiveness of deprescribing in falls prevention in older people. *BMJ Open* 2021;11:e047190.
- 17 Briggs R, Kenny RA, Kennelly SP. Systematic review: the association between late life depression and hypotension. *J Am Med Dir Assoc* 2016;17:1076–88.
- 18 Cameron ID, Dyer SM, Panagoda CE, *et al.* Interventions for preventing falls in older people in care facilities and hospitals. *Cochrane Database of Systematic Reviews* 2018;27.
- 19 Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. Summary of the updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons. *J Am Geriatr Soc* 2011;59:148–57.
- 20 Montero-Odasso MM, Kamkar N, Pieruccini-Faria F, *et al.* Evaluation of clinical practice guidelines on fall prevention and management for older adults: a systematic review. *JAMA Netw Open* 2021;4:e2138911.
- 21 Sterne JAC, Savović J, Page MJ, *et al.* RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019;366:i4898.
- 22 Sterne JA, Hernán MA, Reeves BC, *et al.* ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. *BMJ* 2016;355:i4919.
- 23 Shea BJ, Reeves BC, Wells G, *et al.* AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ* 2017;358:j4008.

Supplementary appendix A

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1, 2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N.A.
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	4
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify	5

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		additional sources), as well as the date the most recent search was executed.	
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	5
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	5
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	5, 6
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	6
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	6
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	6
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	N.A.
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	N.A.
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N.A.

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	N.A.
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	N.A.
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	N.A.
Limitations	20	Discuss the limitations of the scoping review process.	N.A.
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	N.A.
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	9

JB1 = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JB1 guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467–473. doi: 10.7326/M18-0850.

Supplementary appendix B

Search strategy Ovid MEDLINE(R) ALL <1946 to April 20, 2021>

Search	Query	Items found
1	Geriatric assessment/ or frail elderly/ or exp aged/ or middle aged/ or exp nursing homes/ or "homes for the aged"/	5244595
2	(older person? or older patient? or middle aged or seniors or senior citiz* or elder or elders or elderly or geriatric* or frailty or postmenopausal women or community-dwelling or nursing home? or resident* or old* people or old* person? or old* patient? or old* client? or old* adult?).ab,kf,ti.	758627
3	(geriatr* or age or aging or elderl*).in,jw.	265085
4	or/1-3 [persons 50 yrs or older]	5658363
5	(cardiovascular adj3 (assessment or evaluation? or intervention?)) or (Blood Pressure adj3 (monitoring or self or ambulatory or home))).ab,kf,ti.	25188
6	(Orthostatic hypotension or postural hypotension or Tilt-table test or head-down tilt or Carotid sinus massage or Electrocardiogram or ECG or Electrocardiograph or Transthoracic Echocardiography or Cross-Sectional Echocardiography or Cross Sectional Echocardiography or "m-Mode" or Contrast Echocardiography or 2D Echocardiography or Two Dimensional Echocardiography or "2-D Echocardiography" or Dynamic Electrocardiography or Ambulatory Electrocardiographic Monitoring or Ambulatory Electrocardiography or Holter Electrocardiography or Holter Monitoring or Loop recorder).ab,kf,ti.	133175
7	(pacemaker? or Cardiac Valve Annuloplast* or cardiac pacing or Valvular Annuloplasty or Valvular Annuloplast* or Heart Valve Annuloplasty or Cardiac Valve Annulus Repair or heart Valve Annulus Repair or Cardiac Valve Annular Repair or Heart Valve Annular Repair or Cardiac Valve Annular Reduction or Cardiac Valve Annulus Shortening or Cardiac Valve Annulus Reduction or Mitral Valve Annuloplast* or Mitral Valve Annulus Repair or (Coronary adj3 Balloon) or Coronary Angioplasty).ab,kf,ti.	55747
8	((exercise adj3 intervention*) or (fall adj3 program*)).mp.	11480
9	review.pt.	2786145
10	8 and 9	2468
11	(sinus carotid hypersensitivity or vasovagal collapse or postprandial hypotension or heart failure or cardiac rythm disorder or structural cardiac disorder?).ab,kf,ti.	185060
12	((evaluat* or scor* or assess*) and (TAVI or Transcatheter Aortic Valve Implant* or CABG or Coronary artery bypass graft* or midodrine or cardiovascular drug? or antiarrhythmic drug? or anti arrhythmic drug? or diuretic? or beta blocker? or calcium channel blocker? or ACE inhibitor? or angiotensin receptor blocker? or vasodilator? or vasoactive drug? or Cardio fitness)).mp.	81709
13	((heart or cardi*) and (physical examination or (tak* adj3 history) or ablation or defribillator or fludrocortisone or tca? or ephedrine or desmopressin or DDAVP or octreotide or erythropoietin or nonsteroidal anti-inflammatory agent? or salt intake? or Abdominal binder? or support stocking? or Elastic compression therapy or tai chi or Education or lifestyle or prodromal	84487

	symptoms? or (head adj3 tilt*) or (head adj3 elevat*) or alcohol intake or fluid intake or lower body muscle)).ab,kf,ti.	
14	or/5-7,10-13 [cardiovascular evaluation -interventions]	515440
15	accidental falls/ or exp syncope/	38249
16	(fall? or fell or falling or fallen or faller or stumble? or stumbling or stumbles or slip or slips or slipping or slipped or trip or tripped or syncope or TLOC or "Transient loss of consciousness").ab,kf,ti.	283719
17	15 or 16	294403
18	and/4,14,17	9265
19	(ISRCTN11674947 or NCT01037426 or myfait or (safe pace and (study or trial))).ab,kf,ti.	10
20	18 or 19	9269