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11 American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons. Implementation of these recommendations will have considerable resource implications for the NHS in the United Kingdom. It seems appropriate, particularly in areas where effective services for falls do not yet exist, to target scarce resources where benefit is proved. Research data support multifactorial intervention in cognitively normal older people living in the community with risk factors for falls and those who present to the accident and emergency department after a fall. Several studies also support the use of exercise as a single intervention in cognitively normal older people living in the community. Although one randomised controlled trial of multifactorial intervention showed a reduction in recurrent falls in residents of nursing homes, most studies in this setting have been unable to prevent falls. Our study suggests that multifactorial intervention after a fall is less effective in patients with cognitive impairment and dementia than in cognitively normal older people. Limited resources may be used more effectively if targeted towards cognitively normal older people who fall. However, as older people with cognitive impairment and dementia are at particularly high risk of falls and their associated morbidity, it is important that prevention of falls remains a research priority in this patient group. Further work is required in patients with cognitive impairment and dementia who fall to determine optimal delivery of interventions and to identify the most important modifiable risk factors.