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Δ Marked Deterioration in Living Status and Use of Aids After Operative Management of Hip Fractures in the Elderly

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Purpose: Hip fractures lead to significant morbidity and mortality in elderly patients. The associated morbidity often results in decreased mobility, a loss of independence, and an inability to perform activities of daily living. A recently completed trial evaluated the effects of sliding hip screw versus cancellous screws in 1079 patients aged 50 years or older with a femoral neck fracture. Using data from this multicenter trial, we describe how patient living status and use of aids change over the 24 months following their fracture.

Methods: We conducted a descriptive analysis to quantify patients' changes in living status and changes in the use of aids within 24 months following their femoral neck fracture. Results were reported as counts and also presented in percentage form.

Results: The majority of patients (90.41%) who were between the ages of 50 and 80 years returned to living independently 24 months following their hip fracture. Of those patients over the age of 80 years who were living independently at the time of their fracture, the majority (70.90%) also returned to living independently 24 months following their hip fracture. However, for patients over the age of 80 years who were institutionalized at the time of their fracture, the majority (87.50%) remained institutionalized over the course of their 24-month follow-up. Regardless of age, nearly all patients required a walking aid at hospital discharge. By the 24-month follow-up, the majority of patients over the age of 80 years (82.16%) and the majority of patients between the ages of 50 and 80 years who were not walking independently at the time of their fracture (72.58%) continued to use walking aids. The only patients who were not using walking aids by the 24-month follow-up visits were the majority of those between the ages of 50 to 80 years who could ambulate independently at the time of their fracture (68.35%).

Conclusion: Regardless of age, we found that the majority of patients who suffered a femoral neck fracture also experienced a loss of mobility over the 24 months following their fracture. This was especially evident in patients aged over 80. Additionally, a high proportion of elderly patients experienced a loss of independence that led to institutionalization in the 24 months following their hip fracture.