

Women less likely to receive geriatric care for emergency hip surgery

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More than 70% of patients receiving surgery for hip fracture are women, yet they are less likely than men to receive geriatric care during hospitalization, or an anesthesiology consultation before surgery, found a study published in *CMAJ (Canadian Medical Association Journal)*.

Previous studies have shown that older [patients](#) who receive geriatric care when hospitalized for hip fracture [surgery](#) are less likely to die after surgery and spend less time in hospital, and that anesthesiology consultations can help to avoid cancelled surgeries and may decrease length of stay. For these reasons, both practices are recommended by Health Quality Ontario and the Ontario Ministry of Health and Long-Term Care.

In this study of 22 661 patients aged 66 and older who had emergency hip fracture surgery between 2014 and 2016, 71.3% (16 162) were women. The researchers found that 8% of women received geriatric care compared to 10% of men.

"Overall, we found that geriatric care for these vulnerable hip fracture patients was not routinely provided. However, given that 70% of hip [fractures](#) occur in women, and what we know about the positive effect of providing geriatric care to older hip fracture patients, increasing access to this care should be a top priority," says senior author Dr. Daniel McIsaac, associate scientist and anesthesiologist at The Ottawa Hospital, Ottawa and ICES, Toronto, Ontario. "A person's sex or gender should not play a role in whether evidence-based care is provided."

Women from low-income neighbourhoods were also less likely to receive geriatric care than men from similar neighbourhoods. Women with dementia were less likely than men with dementia to receive an anesthesiology consultation before surgery.

The researchers suggest that sociocultural biases may be at play. Another possibility is that men have a higher risk of death after hip fracture surgery than women, which may influence how physicians decide to apply the resources available.

"Understanding that there are issues with sex- and gender-based equality is a first and important step toward improving outcomes," says Dr. McIsaac.

However, his group suggests that to make sure that women and men have equal, and ultimately increased, access to geriatric care in the future, more research is needed to understand factors driving this inequality and how to address them.

"The association of female sex with application of evidence-based practice recommendations for perioperative care in hip fracture surgery" is published February 11, 2019.

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