

How do older adults fare after hip fracture?

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Hip fractures in older adults can be extremely serious, and often result in chronic illness, death, and increased health care costs. Experts estimate that some 18 to 33 percent of all older adults who have suffered hip fractures will die within a year, with even higher rates of death among people who have dementia or who live in a nursing home.

As many as 50 percent of older [adults](#) face difficulties following a hip fracture, and may be unable to bathe, feed, or dress themselves (called "activities of daily living," or ADLs). They may not be able to get around for months to even years after their fracture. This physical decline can lessen their quality of life, and some 20 percent of older adults go on to long-term care facilities after having a hip fracture.

Studies conducted on older adults who have had hip [fractures](#) suggest that the strongest indication that a person will experience a decline after a hip fracture is being disabled before the fracture occurs.

What's more, hip fractures affect not only the [quality of life](#) and health of the older adult, but also that of their caregivers—and can cause financial burdens when the individual requires more care.

Despite all this, the number of daily hours of care people need after a hip fracture has not been well studied. To learn more, researchers designed a study to better understand how older adults fare after suffering hip fractures. Their study was published in the *Journal of the American Geriatrics Society*.

The researchers used information from the National Surgical Quality Improvement Program (NSQIP), a program designed to measure and improve the quality of surgical care. Through NSQIP at Yale New Haven Health System, data were collected on all patients older than 65 who were having surgery to repair hip fractures during 2015.

The researchers focused on participants who developed new difficulties performing their daily activities, or who developed new or worsened problems getting around on their own. The researchers also looked at how many hours of increased daily care the participants received.

The study included a total of 368 patients who had surgery for hip fractures at Yale New Haven Hospital—including 184 patients who did not live in care facilities, and who were completely independent in their daily living activities before their hip fracture.

By three months after their hip fracture, 21 patients had died. By six months, five more patients had died.

Of the participants, 11 percent had dementia, 18 percent had depression, 19 percent had [chronic kidney disease](#), and 21 percent had [congestive heart failure](#).

The researchers said that their study showed that having [cognitive impairment](#), including dementia and in-hospital delirium, can be a major predictor of functional problems and disability following hip fracture, even for older adults who were able to function well before having a hip fracture.

The researchers also noted that the proportion of people who had difficulty performing their daily tasks three months after surgery did not improve after six months.

However, the proportion of people who were disabled and unable to get around was greater at three months than at six months, showing that some older adults could recover following hip fractures, and some were able to climb stairs and walk two blocks.

The researchers said that their work showed that older adults who were independent before their hip fractures, but who had cognitive impairment or experienced in-hospital delirium, experienced

poorer outcomes after their hip surgery. The researchers suggested that all [older adults](#) be screened for these conditions when they're admitted to the hospital for [hip fracture](#) treatment and be screened throughout their hospitalization.

More information: Jennifer A. Ouellet et al, Functional Outcomes After Hip Fracture in Independent Community-Dwelling Patients, *Journal of the American Geriatrics Society* (2019).
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