



Fractures in the over-70s – staying out of care homes

Age-related injuries such as femoral neck fractures often result in care dependency. But it does not necessarily have to be that way, as confirmed by Prof Tim Pohlemann at the 17th EFORT Annual Congress in Geneva. Thanks to multidisciplinary orthoogeriatric rehabilitation concepts, people aged over 70 can now reap the rewards of the latest advances in traumatology – enabling them to continue to go about their day-to-day lives independently.

Geneva, 3 June 2016 – Falls and broken bones often have dramatic consequences for older people: many are left permanently disabled following a fracture or require round-the-clock care. But Prof Tim Pohlemann (Saarland University Medical Center) believes there are a number of ways to avoid this scenario. “There is significant room for improvement when it comes to treating multiple injuries in the over-70s demographic. Geriatric orthopaedic rehabilitation concepts have demonstrated that they can facilitate the achievement of central therapeutic goals for the elderly such as maintaining independence, mobility and quality of life. The pace of development has to be accelerated with a view to implementing these concepts across the board,” the expert explained at the occasion of the 17th Congress of the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) in Geneva. Around 6,000 experts from across the globe are gathering at this major scientific event to discuss the latest research in this discipline, including issues surrounding multiple injuries in older patients.

Room for improvement: quality of life after polytrauma

A German meta-study conducted by Prof Pohlemann confirmed that while mortality rates for polytrauma have dropped significantly, patients’ quality of life has failed to improve to the same extent. According to the study’s findings, very elderly women with low social status who have sustained a fracture of the lower extremities in addition to a head wound are particularly poorly served. “In recent years we have made major advances, and healing outcomes following severe fractures are better than ever. But it appears that patients are not feeling the full benefits of the innovations. They need individualised treatment at a specialist facility in the immediate aftermath of the accident,” he explained.

Multidisciplinary strategy for multimorbid patients

According to Prof Pohlemann, it not only takes an acute therapy to treat broken bones and other injuries; overlapping rehabilitative measures are required at an early stage as well as a tailored combination of geriatric treatments. The decisive factors for patients include close collaboration with internal medicine specialists, as polytrauma is particularly difficult to treat in elderly patients. Every second patient over the age of 55 has at least one accompanying illness, with high blood pressure the most common. “Common comorbidities such as coronary heart disease, congestive heart failure, chronic pulmonary disease or diabetes can make surgical intervention particularly risky, slow down wound and bone healing and lead to increased risk of infection,” Prof Pohlemann noted.

In Prof Pohlemann’s view, aftercare should be multi-disciplinary and geared towards getting patients back on track both physically and mentally – particularly after serious operations – with the support of psychotherapy, if necessary. As older people are at a high risk of sustaining additional fractures after the first fracture, fall prevention measures must be put into place before they leave the hospital

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– from offering home help to removing potential tripping hazards. For this to happen, organisational and consultation services from a professional discharge management team are essential.

60 percent of injuries attributable to falls

Prof Pohlemann: “Looking at demographic developments, healthcare decision makers are called upon to implement more efficient – and therefore more cost effective – rehabilitation methods. We cannot afford not to. The alternative would mean people becoming dependent on round-the-clock care who would otherwise be in a position to manage on their own, or with only limited support. Everything points towards a dramatic increase in the incidence of age-related injuries.” Over the next few years around 40 percent of all patients in Europe will be in the over 75 age bracket. Each year there are around 600,000 femoral neck fractures in Europe – an injury that elderly patients have great difficulty recovering from. The number of hip fractures each year is also set to double by around 2050. Multiple injuries are particularly expensive due to their complexity. In fact, they account for around a quarter of all costs attributable to treating injuries.

With a more than 60 percent share of the total, falls are the main reason for injuries in older people. The causes are varied – from reduced muscle strength and poor balance, to circulation problems, to dizzy spells caused by overuse of medication. People with severe osteoporosis are at increased risk of sustaining fractures. Even falls from standing height can result in the most serious injuries. In Europe some 30 million people suffer from osteoporosis, with numbers increasing all the time. An analysis of serious injuries among older people revealed that 47 percent related to the arms, legs or pelvic girdle, followed by the head and cervical vertebrae (22.1 percent) and the chest and ribcage (16 percent).