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Hip Fracture in The Elderly: An Overview

Yaşlılarda Kalça Kırığı: Genel Bir Bakış

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ABSTRACT

In this paper, the available information about hıp fracture ın the elderly is briefly reviewed. Intracapsular and extracapsular hip fractures, which usually occur due to low energy trauma in elderly patients, are one of the most important causes of functional disability, morbidity and mortality. Treatment of hip fractures; it requires the management of a broad spectrum from prevention to surgery and post-operative care. It is important to mobilize elderly patients with hip fractures as soon as possible by treating them with the appropriate method and to avoid systemic complications that may occur due to immobility.

Key words: Hip Fracture, Elderly, Treatment, Surgery, Morbidity, Mortality

ÖZ

Bu yazıda, yaşlılarda kalça kırığıyla ilgili mevcut bilgiler kısaca gözden geçirilmiştir. Genellikle yaşlı hastalarda düşük enerjili travmaya bağlı olarak ortaya çıkan intrakapsüler ve ekstrakapsüler kalça kırıkları, fonksiyonel yetersizlik, morbidite ve mortalitenin en önemli nedenlerinden biridir. Kalça kırıklarının tedavisi; önlemeden ameliyata ve ameliyat sonrası bakıma kadar geniş bir yelpazenin yönetimini gerektirir. Kalça kırığı olan yaşlı hastaların uygun yöntemle tedavi edilerek en kısa sürede mobilize edilmesi ve hareketsizliğe bağlı oluşabilecek sistemik komplikasyonların önlenmesi önemlidir.

Anahtar Sözcükler: Kalça Kırığı, Yaşlı, Tedavi, Ameliyat, Morbidite, Mortalite

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Intracapsular and extracapsular hip fractures, which usually occur due to low energy trauma in elderly patients, are one of the most important causes of functional disability, morbidity and mortality [1]. It has been reported that only about one-third of elderly patients with hip fractures will survive for more than 5 years, and only 25% of these patients can return to their previous functional status [2]. In a study conducted in our country; it was found that the risk of death in patients with hip fractures is 11.7 times higher than in the general population of similar age [2]. Treatment of hip fractures; it requires the management of a broad spectrum from prevention to surgery and post-operative care. Timely surgery for hip fracture is an important support of treatment. Although there is a consensus on the surgical treatment of these fractures today, the issue of which method should be used is controversial. Osteosynthesis methods are generally recommended for extracapsular intertrochanteric fractures with high union potential. On the other hand, arthroplasty is recommended for displaced intracapsular fractures [1,3]. It is important to mobilize elderly patients with hip fractures as soon as possible by treating them with the appropriate method and to avoid systemic complications that may occur due to immobility. When deciding on the method to be

chosen in the treatment of these patients; factors such as age, general condition and accompanying systemic diseases, bone quality and fracture type should be taken into consideration [3].

Elderly patients with hip fractures are often osteoporotic and this causes difficulties in treatment. Bisphosphonate therapy has been proven to be beneficial in prevention and may reduce the risk of osteoporotic hip fractures [4]. On the other hand, most of the elderly patients treated for hip fractures have systemic pathologies, some risk factors and malnutrition. Numerous risk factors for geriatric hip fractures can affect morbidity and mortality, such as age, gender, American Society of Anesthesiologist (ASA) score, degree of dementia, walking ability, fracture type, timing of surgery, type of surgery, length of hospital stay, and albumin level [2]. At the same time, long preoperative time, low blood albumin levels, and urine culture growth indicate that these are important risk factors for postoperative surgical site infection [5]. Although much emphasis is placed on the risk factors related to the physical comorbidities accompanying the majority of hip fractures, such as diabetes, hypertension, and chronic obstructive pulmonary diseases; mental and cognitive factors are as important as providing physical integrity during the treatment process [6,7]. Although overlooked in most elderly patients, depression is the most common psychological disorder and can negatively affect the daily life of patients with hip fractures [6]. On the other hand, the development of delirium after surgery in elderly hip fracture patients is an important cognitive problem. It should be kept in mind that metabolic disorders and general anesthesia are important risk factors in the development of delirium [7].

Hip fractures in the elderly still remain an important physical and social problem. Even during the Covid-19 pandemic, the number of hip fractures has not decreased. Moreover, hip fracture mortality rates in the elderly population have been reported to increase during the Covid-19 pandemic [8].

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