



"ELEVEN MONTHS OF ATENTION TO FEMUR FRACTURE PATIENTS IN AN ACUTE GERIATRICS UNIT."

Enric Duaso *, **Juan C. Sosa ****, **Daniel Vega *****, **Diana M. López****, **Patricia Marimón *****, **Josep M^a. Bausili ****, **Ramón Sellarés ***

* Department of Geriatrics. Acute Geriatrics Unit. Igual Hospital. Consorci Sanitari de l'Anoia. Barcelona, Spain.

** Department of Anesthesiology and Critical Medicine. Acute Geriatrics Unit. Igual Hospital. Consorci Sanitari de l'Anoia. Barcelona, Spain.

*** Department of Orthopedic and Traumatologic Surgery. Acute Geriatrics Unit. Igual Hospital. Consorci Sanitari de l'Anoia. Barcelona, Spain.

**** Department of Psiquiatrics. Acute Geriatrics Unit. Igual Hospital. Consorci Sanitari de l'Anoia. Barcelona, Spain.

OBJETIVES

To describe the results of femur fracture patients older than 70 admitted in an Acute Geriatrics Unit (AGU) from 1/6/ 2010 to 30/4/2011

MATERIALS AND METHODS

This is a descriptive, prospective study that gathered the following information: Sociodemographic Data: including age, gender, origin, discharge destination and 6 month follow-up; Functional Data: including Lawton Index (LI) and Barthel Index (BI); and Comorbidity: Charlson Comorbidity Index (CI), Perioperative data: preoperative time, type of fracture and mean hospital stay

RESULTS

131 patients were included in the study where 76,3% were women with an average age of 84,3 years old, (+/- 7,9); 75,6% arrived from home, and 20,6% from a residence. Functionality data showed a LI of 2,3, a previous BI of 72, BI at discharge was of 30 (+/-21) Comorbidity data showed a CI of 2,41. Perioperative data showed 53,% of extracapsular fractures, mean preoperative time 2,11 days; 70,2% were operated before 48 hours. Mean hospital stay was 6,85 (+/-2,9) days. Mortality in the AGU was of 1,5 %. 49,6% were discharged to their origin and 36,6% to a Convalescence Unit 48 patients completed six month follow-up; this group corresponded to the ones admitted in the first 5 months of the study; 75% were women with a mean age of 83,42 (+/- 8,9) years; 54,1% completed their recovery in a Convalescence Unit after AGU discharge. Crude Mortality for Femur Fracture patients was of 22,9% and is related to patients that came from home with a higher LI (p=0,006) previous to fracture and to patients that came from a residence with younger age (p=0,04), lower LI (p=0,04) and lower BI (p=0,06). No difference was seen in mortality when comparing discharge destination

CONCLUSION

- **The average AGU patient is an 84,3 year old woman coming from home, with a LI of 2'3; BI of 72 and CI of 2'41, with an extracapsular femur fracture that stays in the Hospital for 6,85 days and is discharged to their place of origin in 49,6%.**
- **6-month mortality: 22'9% related to greater LI in patients coming from home and younger age, lesser BI and LI in residence patients. There was no difference in mortality for patients that completed their recovery in a Convalescence Unit after AGU discharge compared to the rest.**

REFERENCES

- 1.González Montalvo JI, Gotor Pérez P, Martín Vega A, Alarcón Alarcón T, Mauleón Álvarez de Linera JL, Gil Garay E, et al. La unidad de ortogeriatría de agudos. Evaluación de su efecto en el curso de los pacientes con fractura de cadera y estimación de su impacto económico. Rev Esp Geriatr Gerontol. 2011 Jul-Aug;46(4):193-9.
- 2.Thwaites JH, Mann F, Gilchrist N, Frampton C, Rothwell A, Sainsbury R. Shared care between geriatricians and orthopaedic surgeons as a model of care for older patients with hip fractures. N Z Med J. 2005;118:U1438
- 3.Alvarez Nebreda ML, Marañón Hernández E, Alonso Armesto M, Toledano Iglesias M, Vidán Astiz MT, García Alhambra LA. Eficacia de una unidad de ortogeriatría en el tratamiento integral del ancianos con fractura de cadera: comparación con un modelo previo. Rev Esp Geriatr Gerontol, 2005; 40:52
- 4.González Montalvo JI, Alarcón Alarcón T, Pallardo Rodil B, Gotor Pérez P, Mauleón Álvarez de Linera JL, Gil Garay E. Ortogeriatría en pacientes agudos (I). Aspectos asistenciales. Rev Esp Geriatr Gerontol, 2008;43:239-51.