

Trauma in the Geriatric Population



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KEYWORDS

- Geriatric trauma • Injured older adults • Epidemiology
- Evidence-based management • Frailty • Advanced care planning • Injury prevention

KEY POINTS

- Geriatric trauma is a looming public health crisis with implications for clinicians, health care administrators, policymakers, and society at large.
- Characteristics and risk factors related to geriatric trauma differ significantly from younger adults.
- Patient management of injured older adults should be regarded from a continuum of care perspective, including triage, transport, initial assessment, inpatient care, and hospital discharge.
- An understanding of frailty, advanced care planning, and end-of-life care are important considerations because injury is often a tipping point leading to functional decline and poor outcomes.
- Injury prevention efforts in older adults focus on fall prevention and driver safety programs.

INTRODUCTION

The prevalence of geriatric trauma is increasing in the United States as Baby Boomers reach age 65. Soon, the percentage of adults aged 65 and older will climb from 13.7% (2013) to 21% (2040),¹ with significant societal implications. A review of geriatric trauma as a distinct entity under the broader umbrella of traumatic injury is timely and warranted. Injury in later life and the resulting sequelae call for an understanding of characteristics and risk factors unique to older adults, as well as for awareness of evidence-based guidelines for risk assessment, goal-directed care, and injury prevention.

EPIDEMIOLOGY OF GERIATRIC TRAUMA

Incidence and distribution of traumatic injury in older adults differ from younger adults (Table 1). Older adults (aged ≥ 65) are hospitalized for injury more often than younger adults despite lower injury severity.² Of injured younger adults, 70% are discharged

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2012 National Statistics Healthcare Cost and Utilization Project (HCUPnet) ^a	n (%)	Inpatient Length of Stay (d), Mean	Inpatient Charges (Mean)	Inpatient Mortality (%), Mean	Percentage of Patients Discharged Home
Adults (aged 18–64)	647,510 (48)	5.1	\$65,764	1.7	70.5
Adults (aged ≥65)	711,120 (52)	5.1	\$49,849	3.2	18.0
Total (all adults)	1,358,630 (100)	5.1	\$57,807	2.5	44.3

^a All adults admitted to US hospitals with a primary injury diagnosis (ICD9 codes: 800.0–959.9). From Agency for Healthcare Research and Quality (AHRQ). Healthcare Cost and Utilization Project (HCUPnet). 2012. Available at: <http://hcupnet.ahrq.gov>. Accessed October 23, 2014.

home, compared with only 18% of older injured adults.² Hospital charges for care of younger adults are higher (reflecting higher injury severity) than older adults. Falls account for approximately 65% of older adult injuries, whereas motor vehicle traumas are predominant in younger individuals.³ Likewise, falls are the leading cause of unintentional injury deaths in older adults, followed by motor vehicle events (Fig. 1).⁴

Although the prevalence and incidence of elder abuse are relatively small and difficult to estimate, the most recent study, *The National Elder Mistreatment Study* (conducted in 2008) reported overall prevalence of elder physical mistreatment to be 1.6% of adults aged 60 and older.⁵ Types of physical mistreatment included hitting (1.2%), restraining (0.4%), and other injury (0.7%). The prevalence of other forms of mistreatment included emotional mistreatment (4.6%), sexual mistreatment (0.6%), potential neglect (5.1%), and financial mistreatment (5.2%).⁵

Table 2 summarizes types of primary injuries incurred by older adults admitted to US hospitals in 2012.² Lower extremity fractures (including hip fractures) are the most common injuries (47%), followed by injuries to the neck and trunk (18%), including rib fractures and vertebral fractures. Patients with head injuries have the longest hospital stay, followed by those with spinal cord injuries and internal injuries

Leading Causes of Injury Deaths by Age Groups

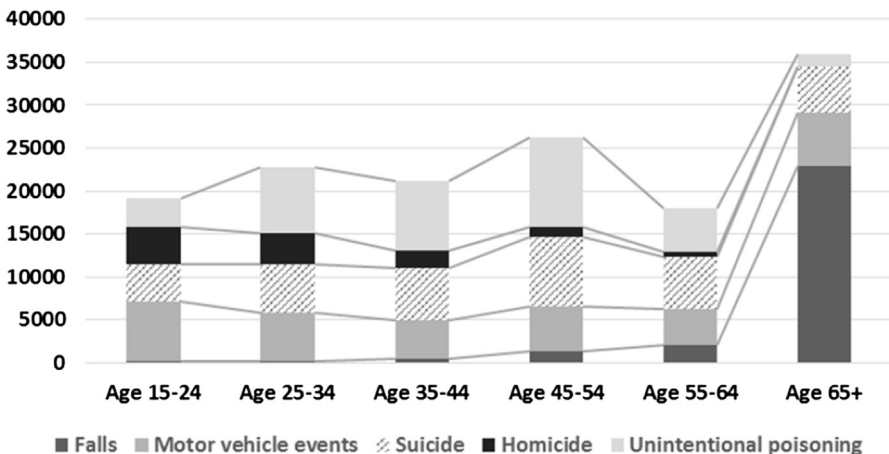


Fig. 1. Leading causes of unintentional injury deaths by age groups (2011). (From Centers for Disease Control and Prevention. Injury prevention and control: data and statistics (WIS-QAR). Available at: <http://www.cdc.gov/injury/wisqars/>. Accessed September 15, 2014.)

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