

ORIGINAL ARTICLE

Orthogeriatric activity in a general hospital of Castilla-La Mancha, Spain[☆]



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KEYWORDS

Hip fracture;
Elderly patient;
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Abstract

Aim: To describe the orthogeriatric activity in the elderly with hip fractures in the *Hospital Mancha Centro*, based on the recommendations of the main guidelines.

Material and method: Observational prospective study, comprising all patients over 65 years of age admitted to the Traumatology Unit with a hip fracture between April 2015 and December 2015. Patients were admitted under the care of the Traumatology Unit with cross-consultation carried out with the Geriatrics Department, which then carried out a pre-operative geriatric assessment and the post-operative follow-ups.

Results: The mean pre-surgery waiting time was 48 h and the overall time in hospital was 10.3 ± 8.2 days. Patients who suffered from delirium (42.1%) did not improve as well, and were referred to nursing homes. Blood transfusions were received by 54.7% of the patients, despite 53.5% of them having received intravenous and/or oral iron after the surgery. Treatment with calcium and vitamin D was prescribed in 79% of the patients on discharge. The Rehabilitation Unit assessed 36% of the patients, with 4.8% fully, and 16.7% partially recovering their prior functional status. Upon discharge, 55% of the patients returned to their homes, and 22% were referred to short-term assisted living facilities.

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PALABRAS CLAVE

Fractura de cadera;
Ancianos;
Ortogeriatría;
Asistencia
hospitalaria

Discussion: This article describes how the main clinical problems are handled in the elderly with hip fractures in our hospital, based on recommendations of the main guidelines and publications.
Conclusions: Our hospital follows the recommended guidelines. Aspects for improvement include the management of anaemia during admission and rehabilitation.
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Actividad ortogeriátrica en un hospital general de Castilla-La Mancha**Resumen**

Objetivo: Describir la actividad ortogeriátrica en ancianos con fractura de cadera en el Hospital Mancha Centro basándonos en las recomendaciones de las principales guías clínicas.

Material y método: Estudio prospectivo observacional. Se incluyen todos los pacientes mayores de 65 años ingresados en traumatología con fractura de cadera desde abril de 2015 a diciembre de 2015. El paciente ingresa a cargo de traumatología y se interconsulta a geriatría, que realiza una valoración geriátrica preoperatoria y un seguimiento postoperatorio.

Resultados: La estancia media prequirúrgica fue de 48 h y la estancia media global de $10,3 \pm 8,2$ días. Los pacientes que sufrieron delirium (42,1%) evolucionaron peor y se derivaron más a residencias. Se transfundieron el 54,7% de los pacientes a pesar de que el 53,5% recibieron hierro intravenoso y/u oral en el postoperatorio. Al alta se pauta calcio y vitamina D al 79% de los pacientes. Fueron valorados por rehabilitación el 36% de los pacientes, recuperando su situación funcional previa el 4,8% y parcialmente el 16,7%. Al alta, un 55% de los pacientes volvieron a su domicilio y un 22% fueron derivados a estancias temporales.

Discusión: En este artículo se detalla el manejo de los principales problemas clínicos en nuestro hospital en ancianos con fractura de cadera basándonos en las recomendaciones de las principales guías y resultados de publicaciones al respecto.

Conclusiones: En nuestro hospital se siguen las recomendaciones de las guías. Aspectos a mejorar son el manejo de la anaemia durante el ingreso y la rehabilitación.

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Introduction

Hip fracture (HF) is a serious problem in medical, health-care, economic and social terms.

More than 85% of HF occur in patients older than 65 years old.¹ In Spain from 50,000 to 60,000 HF occur per year. This incidence is rising and it is estimated that it will have doubled by 2050.² In Castile-La Mancha the rate of incidence adjusted for both sexes stands at 734 per 100,000 inhabitants.³

The direct costs of treating each HF in Spain vary from 3000 to 5200 Euros, depending on hospital and autonomous region, and overall costs amount to 300–860 million Euros, without counting additional indirect expenses such as carers, old people's homes and rehabilitation.³

All of the guides analysed recommend that the geriatric and orthopaedic departments cooperate in treating the elderly with HF.^{3–7} This includes the acute phase during hospitalisation, rehabilitation, convalescence and support.

The most widespread model is currently to have a Consultant Geriatrician for hospitalised patients in orthopaedic beds. This co-working strategy has been shown to reduce hospital stay prior to surgery, reduce complications, improve functional results, reducing mortality and the duration of hospitalisation as well as treatment costs.^{8–11}

A programme was established in our centre in 2008 for internal consultation with the Geriatric Department for all

HF patients over the age of 65 years old. This coincided with the hospital contracting geriatricians.

In a study published in Spain, Sáez López et al. and the Orthogeriatric Working Group of Castile y León describe orthogeriatric working in the public hospitals of Castile y León, comparing it with the guides on clinical practice and other publications in this field. They conclude that orthogeriatric cooperation is a habitual practice, as is following the recommendations of clinical practice guides for treating HF in geriatric patients. They found that clinical care and rehabilitation were areas that should be improved.¹²

This work studies how the most common clinical problems are managed in elderly HF patients who are admitted to the Orthopaedic Department of our hospital in cooperation with the Geriatric Department. It is based on the recommendations of the main clinical practice guides^{3–7} and the results published in the relevant literature.

Material and methods**Patients and design**

This study is descriptive and observational. All of the HF patients over the age of 65 years old admitted to the orthopaedic department and also seen by the geriatric

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