

Ambulatory Outcome After Acute Hip Fracture In Older Adults

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INTRODUCTION:

Hip fracture in the older person carries high morbidity and mortality risk. Approximately 40% of patients were still unable to walk independently after a year. This study aims to evaluate ambulatory status of older persons following acute hip fracture and risk factors associated with ability of regaining prefracture ambulatory status.

MATERIALS & METHODS:

This was a prospective study of 202 patients aged 65 years and above who underwent hip fracture surgery in University Malaya Medical Centre (UMMC) across 2 years (2016-2018). The patients were contacted 6 months after the acute event to determine their ambulatory status which was defined as independent without aid, mobile with stick, mobile with walking frame and chairbound or bedbound. Information on socio-demographics, residence, comorbidities, frailty markers, type of surgery and length of stay were also collected.

RESULTS:

From our cohort patients, the percentage of patients who were independently mobile without aid, mobile with stick, mobile with walking frame and chairbound or bedbound were 23.8%, 27.2%, 35.6% and 13.4% respectively. 84/202 (41.6%) of patients managed to regain prefracture ambulatory status. The factors associated with ability to regain prefracture ambulatory status include age, length of stay and being mobile by using two aids or walking frame prior to fracture. From multivariate analysis, younger age, shorter length of stay and being mobile by using two aids or walking frame prior to fracture were predictors of ambulatory recovery to prefracture status.

Table 1 showing significant predictors of ambulatory recovery to prefracture status.

Factors	Regain	Not Regain	p-value
Age	77.30 ± 7.20	80.04 ± 6.75	0.01
Mobile with 2 aids / walking frame	15 (62.5%)	9 (37.5%)	0.03
Length of stay	10.13 ± 4.19	12.13 ± 6.14	0.01

DISCUSSIONS:

The ambulatory outcome after sustaining fragility hip fracture varies. Our study highlights the factors of younger age and shorter length of stay do significantly contribute to regain prefracture ambulatory status. Hence, we suggested by optimising the time from admission to surgery and also the time from surgery to discharge are important for better outcome of these patients.

CONCLUSION:

Large number of older adults with hip fracture did not return to prefracture ambulatory status. A holistic approach from onset of acute hip fracture to having minimal delay to surgery and good rehabilitative care postoperatively is crucial to improve the outcome in these patients.

REFERENCES:

1. Impact of Osteoporosis. (n.d.). Retrieved from <https://www.iofbonehealth.org/impact-osteoporosis>