

## Improving the Care of Hip Fracture Patients Through Orthogeriatrics

### Melhorando o Tratamento dos Doentes com Fratura da Extremidade Proximal do Fémur Através da Orto geriatria

**Keywords:** Health Care Costs; Health Services for the Aged; Hip Fractures/therapy

**Palavras-chave:** Custos de Cuidados de Saúde; Fraturas do Colo do Fémur/tratamento; Serviços de Saúde para Idosos

Dear Editor,

We appreciated the recent letter to the editor by Barcelos *et al* addressing the costs of hip fractures (HF) in postmenopausal women in Portugal.<sup>1</sup> The authors rightly highlight HF as a public health concern due to their high incidence, costs, and morbimortality. We fully support their emphasis on prevention and the proposed indicators for primary care use.

While primary prevention is crucial, we believe it is essential to shed light on the current landscape of HF acute care. Most HF cases involve older patients, with over 95% attributed to falls. These fractures result from a combination of bone fragility and an increased fall risk.<sup>2</sup> The vulnerable clinical profile of older HF patients, including multimorbidity and geriatric syndromes, contributes to a higher risk of perioperative complications and poor surgical outcomes, mortality (approximately 20%), gait impairment and permanent disability (approximately 50%).<sup>2</sup>

To address this clinical complexity, prestigious scientific societies and healthcare systems advocate for the multidisciplinary co-management of acute fractures.<sup>2</sup> Orthogeriatric care models, involving collaboration between Traumatology and Geriatrics, have demonstrated improved clinical outcomes and cost-effectiveness.<sup>2</sup> However, in many Portuguese hospitals, older patients with HF are exclusively managed by orthopedic surgeons, and so the care regarding acute complications, chronic conditions, fall risk assessment, and osteoporosis treatment may be overlooked. Portugal's performance in HF surgery, according to the Organisation for Economic Co-operation and Development's (OECD) "Health at a Glance 2023" report, falls short, with only 46.5% undergoing surgery within 48 hours (*versus* the OECD average of 80.1%).<sup>3</sup> Delayed surgery beyond 48 hours increases one-month mortality by 41.5%.<sup>4</sup> Orthogeriatric input can reduce time-to-surgery.<sup>2</sup>

The conventional orthopedic care model, with no multidisciplinary approach, pose unnecessary risks and increase the risk of adverse events. Collaboration between internists trained in geriatrics and orthopedic surgeons is not just feasible but crucial. The implementation of Orthogeriatric care pathways aims to address fractures through a multidisciplinary approach, with the primary goal of reducing morbidity, mortality, and enhancing functionality.<sup>2</sup>

The relatively few existing orthogeriatrics units face challenges in gaining acceptance and recognition from peers and hospital managers.<sup>5</sup> Additionally, there is an urgent need for the widespread adoption of perioperative management for HF patients<sup>6</sup> supported by an anesthesiology team, and a Fracture Liaison service with support from a Rheumatology team.<sup>7</sup> However, the optimal multidisciplinary team for hip fracture management should ideally comprise a diverse array of professionals, such as geriatricians, orthopedic surgeons, anesthesiologists, rheumatologists, physiatrists, physiotherapists, occupational therapists, nutritionists, specialized nurses, social workers, psychologists, and clinical pharmacologists. The recently established Fragility Fracture Network - Portugal, supported by its international counterpart, will address all of these challenges.

The undeniable evidence supporting the cost-effectiveness and improved outcomes of orthogeriatrics units underscores the need to overcome ideological misconceptions. It is crucial to prioritize the maintenance of functionality and quality of life for older individuals while ensuring the sustainability of health services.

#### AUTHOR CONTRIBUTIONS

All authors contributed equally to this manuscript.

#### PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

#### DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

#### PATIENT CONSENT

Obtained.

#### COMPETING INTERESTS

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Mariana ALVES✉<sup>1,2</sup>, Sofia DUQUE<sup>3,4,5</sup>

1. Faculdade de Medicina. Universidade de Lisboa. Lisboa. Portugal.
2. Unidade de Ortopedia. Serviço Medicina. Centro Hospitalar Lisboa Norte. Lisboa. Portugal.
3. Instituto de Medicina Preventiva e Saúde Pública. Faculdade de Medicina. Universidade de Lisboa. Lisboa. Portugal.
4. Hospital Cuf Descobertas. Lisboa. Portugal.
5. Núcleo de Estudos de Geriatria. Sociedade Portuguesa de Medicina Interna. Lisboa. Portugal.

✉ **Autor correspondente:** Mariana Alves. [marianaalves88@gmail.com](mailto:marianaalves88@gmail.com)

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