

Fractures and Frailty in the Elderly

Chelbi F (1)

Hammami S (2)

Piron C (3)

Latteur V (3)

Almas L (3)

(1) Medicine department, Houcine Bouzaiene Regional Hospital, Gafsa, Tunisia

(2) Internal Medicine Department . FB University Hospital Monastir, Tunisia

(3) Geriatric department, Grand Hospital Charleroi, Bruxelles, Belgium

Please cite this article as: Chelbi F. et al. Fractures and Frailty in the Elderly. Middle East Journal of Age and Ageing. 15(3):62.
DOI: 10.5742MEJAA.2018.93574

ABSTRACT

Fractures of the elderly are a public health problem. The therapeutic decision remains limited by certain considerations concerning the physical state and degree of previous autonomy as well as the mental state. Fractures related to osteoporosis, especially fracture of the femoral neck, occur most often during a fall. The prevention of fractures therefore also involves the prevention of falls.

From a population of 126 elderly Belgian, we studied the contributing factors, the frequency as well as the consequences of bone fractures.

The population concerned included 91 women and 35 men (Sex ratio 2.6).

The mean age was 87 (79-96 years).

This was a very frail elderly person (SEGA greater than 11) in 6 out of 11 cases.

Three cases of moderate cognitive decline and 1 case of severe cognitive decline were noted. A fracture occurred in 11 cases (8.7%) including 4 men and 7 women. Insufficient vitamin D status was noted in 8 out of 11 cases. In all cases there was a complicated fall. There were 6 hip fractures (3 per trochanteric), 2 femoral fractures, 1 iliopubic fracture, 1 fracture of the humerus and 1 fracture of the shoulder. The evolution was favorable in 8 cases and we noted 3 deaths. Preventive measures should include the identification of frailty, the correction of risk factors and the prevention of traumatic falls.