Poster presentations

170 LOW FALL AND FRACTURE RISK IN VERY DEPENDENT PATIENTS IN RESIDENTIAL CARE

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Background: Hip fracture rates in patients in residential care far exceed rates in non-institutionalised patients (1). However non ambulatory, dependent patients may be at lower risk compared to more mobile patients. We examined our experience of total and hip fracture rates in patients in extended care (ENC) compared to more mobile patients undergoing rehabilitation.

Methods: Falls and fracture rates were computed from a prospectively maintained register in 60 ENC beds and 65 rehab beds in an offsite rehab and ENC facility over a 5.6 year period from 1.1.2012 to 31.7.2017. Mobility (M) and transfer (TF) competency was expressed numerically using the M and TF scores from the Barthel Index (0 = bed and chair bound to 6 = independent in M and TF). Fracture rates (FR) per 1000 person years (PY) were computed from bed occupancy data.

Results: Over the 5.6 year period in ENC, there were 6 fractures (2 hip) in 6 patients equivalent to a total FR of 18.5 (hip FR 6.2) per 1000py compared to 19 fractures in 18 patients (hip) equivalent to a significantly higher total FR of 49.5 (hip FR 10.4) per 1000py in the rehab patients. Whilst most of the fracture patients in ENC were relatively immobile scoring only 2 on M/TF scores, most of the 60 patients in ENC were completely bed and chair bound (M/TF = 0) compared to rehab patients who were much more mobile scoring 4–6 on M/TF score. Annual falls rates were higher in rehab patients (median 3.7–6.5 per 1000 bed days) compared to patients in ENC (median 0.3–1.8 per 1000 bed days).

Conclusion: Non ambulatory dependent patients in ENC have a very low falls and fracture rate compared to more mobile patients in rehab. This has implications for bone protection measures in our ENC patients.

References