EVALUATING OUTCOMES AFTER HIP FRACTURE IN PATIENTS WITH PARKINSON’S SYNDROMES

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Background: Patients with Parkinson’s Disease (PD) are at increased risk of falls and fractures. Osteoporosis is common and underdiagnosed. The outcomes for patients with PD after hip fracture are thought to be poorer than those without.

Methods: The aim of this study was to compare outcomes for patients with and without PD presenting with hip fracture over one year. A database is kept of patients admitted with hip fractures. History of osteoporosis, bone protection, discharge destination and length of stay (LOS) is recorded. Patients are virtually followed up at one year. Patients with PD were identified through retrospective review of records.

Results: 275 patients were admitted with hip fractures in 2016. 4.4% (n = 12) had a Parkinson’s syndrome; 50% (n = 6) were female. Age range was similar between the two groups. In those without PD, 75% (n = 199) were female. 25% (n = 3) of patients with PD were on bone protection on admission, despite 58.3% (n = 7) having known osteoporosis and 50% (n = 6) having a previous fracture. Patients with PD had an average LOS of 31.4 days, compared to 17.7 in those without. Of patients with PD, 16.7% (n = 2) died during admission, 50% (n = 6) were discharged to rehabilitation and 8.3% (n = 1) were discharged home. In contrast, of patients without PD, 6.5% (n = 17) died during admission, 45.2% (n = 119) were discharged to rehabilitation and 15.6% (n = 41) were discharged home. At one year, mortality in the PD group was 25% (n = 3), 33% (n = 4) were in a nursing home and 41% (n = 5) at home. In the non-PD group at one year, mortality was 16.3% (n = 43), 20.2% (n = 53) were in a nursing home and 60.5% (n = 159) at home.

Conclusion: Patients with PD are overrepresented in the hip fracture population. A small proportion were on bone protection pre-fracture. The mortality for patients with PD was higher, LOS was increased and they were more likely to be nursing home residents at one year.