FALLS AND HIP FRACTURES

What’s the issue?

“Anyone can have a fall, but older people are more vulnerable than others. This is mainly because long-term health conditions increase the chances of a fall. Falls are a common but often overlooked cause of injury, and sometimes death. Around one in three adults over 65 who live at home will have at least one fall a year, and about half of these will have more frequent falls. Most falls do not result in serious injury, but there is a risk of problems such as broken bones. Falls can also have an adverse psychological impact on elderly people. For example, after having a fall some people can lose confidence, become withdrawn and may feel as if they have lost their independence” [326]. With the ageing population, it is predicted that the number of people in England aged 65+ years admitted to hospital as a result of a fall will increase from around 200,000 in 2015 to almost 300,000 by 2030 [309]. Hip fractures (fractured neck of femurs) can be very serious in older people. “Some people find it hard to recover after a hip fracture, up to one in three people die within 12 months (although most deaths aren’t caused by the fall itself but by pre-existing illnesses)” [327]. “Over 70,000 hip fractures occur in the UK each year. The annual cost for all hip fractures in the UK, including medical and social care, is about £2 billion” [327].

Osteoporosis (see the JSNA section on osteoporosis, www.hullpublichealth.org/jsna2017.html#79), a risk factor for falls and hip fractures, can be made worse by smoking [99]. “There are usually no warnings you’ve developed osteoporosis and it’s often only diagnosed when a bone is fractured after even minor falls” [328].

Nationally, falls results in the ninth highest disability adjusted life years (DALY – see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#82) and thus has a substantial impact on the quality of people’s lives [81].

What’s our situation?

Over the financial year 2015/16, there were 991 emergency hospital admissions for injuries related to falls among those aged 65+ years (directly age standardised rate 2,681 per 100,000 population) [26]. The rate had previously increased substantially between 2010/11 and 2013/14, before decreasing in 2014/15 (2,408, 2,915 and 2,657 admissions per 100,000 population), so a small increase on the previous year. The gap between Hull and England had widened between 2010/11 and 2015/16 (from 282 to 511 admissions per 100,000 population). Admission rates in 2015/16 in Hull were higher among women than men (3,138 versus 2,030 per 100,000 population) and higher among those aged 80+ years compared to those aged 65-79 years (6,732 versus 1,284 per 100,000 population with 644 and 347 admissions respectively). In 2012/13, among those aged 65+ years, rates were highest in Myton, Newington and Southcoates West which were more than double those of Holderness, Pickering and Beverley [95, 325]. With regard to emergency hospital admissions from hip fractures, during 2014/15, there were 290 admissions among those aged 65+ years (75 men and 215 women), giving an age standardised rate of 783 per 100,000 population). The number of admissions were highest among older people (157 for women and 44 for men aged 80+ years, and 58 for women and 31 for men aged 65-79 years) [26]. In 2012/13, rates were highest in Bransholme East and King’s Park which were more than three times higher than those of Pickering, Marfleet and Bricknell [82, 325].

For more detailed information, see the JSNA Toolkit: Accidents, and Older People reports.

What are the strategic needs?

Exercise and physical activity can improve strength and balance and reduce the likelihood of falls. People who have a higher risk of falls and people already diagnosed with osteoporosis can reduce their chances of having a fall by removing hazards from the home, and having regular sight tests and hearing tests [328]. Steps could include using walking sticks and other walking aids, using non-
slip mats in the bathroom, mopping up spills to avoid wet floors, getting help lifting and moving items, removing clutter from the home, ensuring the home is properly lit, etc. People at risk of a fall can request a home hazard assessment. Age UK also offer advice about adapting the home so older people can remain independent and safe in their own home [329]. The National Institute for Health and Care Excellence recommend a co-ordinated programme of care for people who have fractured a hip [330].

References