Your Friendly Local Librarian

Whatever your information needs, the library is here to help. As your outreach librarian I offer literature searching services as well as training and guidance in searching the evidence and critical appraisal – just email me at library@uhbristol.nhs.uk

OUTREACH: Your Outreach Librarian can help facilitate evidence-based practice for all in the Orthogeriatrics team, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts. We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal. Get in touch: library@uhbristol.nhs.uk

LITERATURE SEARCHING: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence. Please email requests to library@uhbristol.nhs.uk
# Lunchtime Drop-in Sessions

## January - June 2016

The **Library and Information Service** provides free specialist information skills training for all UH Bristol staff and students.

To book a place, email: library@uhbristol.nhs.uk

If you’re unable to attend we also provide **one-to-one** or **small group** sessions. Contact library@uhbristol.nhs.uk to arrange a session.

### Literature Searching

An in-depth guide to formulating an effective search strategy and getting the most out of searching key healthcare databases.

### Understanding Articles

How to assess the strengths and weaknesses of research methods.

Examining different research designs, bias and validity, and frameworks for systematically appraising a medical paper.

### Medical Statistics

A basic introduction to the key statistics in medical articles.

Giving an overview of statistics that compare risk, test confidence, analyse clinical investigations, and test difference.

### Information Resources

A comprehensive overview of Library subscription resources, freely available online resources and ‘grey literature’.

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Journal Tables of Contents

The most recent issues of the following journals:

- Bone and Joint Journal (UK)
- Osteoporosis International

Click on the journal covers for the most recent tables of contents. If you would like any of the papers in full text then get in touch: Library@uhbristol.nhs.uk

Bone and Joint Journal (UK)
http://www.bjj.boneandjoint.org.uk/content/current

Vol. 98-B, Iss. 1, January 2016

Frank Horan (1933 to 2015) [Obituary]
05 January 2016, 12:51:37 | Scott, J.

Publication of surgeon level data from registers: who benefits? [Editorials]

Thoracolumbar spinal treatment without screws: examples of clinical proficiency [Editorials]
05 January 2016, 12:51:36 | Birch, N.

Systemic cobalt toxicity from total hip arthroplasties: review of a rare condition Part 1 - history, mechanism, measurements, and pathophysiology [Specialty update]
05 January 2016, 12:51:36 | Cheung, A. C., Banerjee, S., Cherian, J. J., Wong, F., Butany, J.,

Systemic cobalt toxicity from total hip arthroplasties: review of a rare condition Part 2.
measurement, risk factors, and step-wise approach to treatment [Specialty update]
05 January 2016, 12:51:36 | Zywiel, M. G., Cherian, J. J., Banerjee, S., Cheung, A. C., Wong,

Arthroscopic treatment of femoroacetabular impingement following slipped capital femoral epiphysis [Hip]
05 January 2016, 12:51:36 | Basheer, S. Z., Cooper, A. P., Maheshwari, R., Balakumar, B.,

Highly cross-linked polyethylene decreases the rate of revision of total hip arthroplasty compared with conventional polyethylene at 13 years follow-up [Hip]
Are all metal-on-metal hip revision operations contributing to the National Joint Registry implant survival curves?: a study comparing the London Implant Retrieval Centre and National Joint Registry datasets [Hip]

Which imaging modality is most effective for identifying pseudotumours in metal-on-metal hip resurfacings requiring revision: ultrasound or MARS-MRI or both? [Hip]

Morphometric analysis of the distal femur in total knee arthroplasty and native knees [Knee]

Total knee arthroplasty with an oxidised zirconium femoral component: ten-year survivorship analysis [Knee]

Cemented or cementless humeral fixation in reverse total shoulder arthroplasty?: a systematic review [Shoulder and elbow]

Total shoulder arthroplasty with a second-generation tantalum trabecular metal-backed glenoid component: Clinical and radiographic outcomes at a mean follow-up of 38 months [Shoulder and elbow]

Treatment of nonunions in fractures of the humeral shaft according to the Diamond Concept [Upper limb]

Radiographic and functional outcome of posterolateral lumbosacral fusion for low grade isthmic spondylolisthesis in children and adolescents [Spine]
05 January 2016, 12:51:36 | Tsirikos, A. I., Sud, A., McGurk, S. M.

Early mobilisation of thoracolumbar burst fractures without neurology: a natural history observation [Spine]
05 January 2016, 12:51:36 | Jaffray, D. C., Eisenstein, S. M., Balain, B., Trivedi, J. M., Newton Ede, M.

The outcomes of instrumented posterolateral lumbar fusion in patients with rheumatoid arthritis [Spine]
05 January 2016, 12:51:36 | Kang, C.-N., Kim, C.-W., Moon, J.-K.

Is removal of the implants needed after fixation of burst fractures of the thoracolumbar and lumbar spine without fusion?: a retrospective evaluation of radiological and functional outcomes [Spine]
Significant reduction in the incidence of C5 palsy after cervical laminoplasty using chilled irrigation water [Spine]

Smoking status and the Disabilities of the Arm Shoulder and Hand score are early predictors of symptomatic nonunion of displaced midshaft fractures of the clavicle [Trauma]

Manipulation and reduction of paediatric fractures of the distal radius and forearm using intranasal diamorphine and 50% oxygen and nitrous oxide in the emergency department: a 2.5-year study [Children's orthopaedics]

Salvage procedures for the painful chronically dislocated hip in cerebral palsy [Children's orthopaedics]

Osteoporosis International

http://link.springer.com/journal/198/26/4/page/1

Volume 26, Issue 12, December 2015

Life-course approach to nutrition
P. J. Mitchell, C. Cooper, B. Dawson-Hughes, C. M. Gordon

Hypophosphatasia: an overview of the disease and its treatment
M. L. Bianchi

Denosumab after 8 years
I. R. Reid

Further reductions in nonvertebral fracture rate with long-term denosumab treatment in the FREEDOM open-label extension and influence of hip bone mineral density after 3 years
S. Ferrari, J. D. Adachi, K. Lippuner, C. Zapalowski
The effect of 8 or 5 years of denosumab treatment in postmenopausal women with osteoporosis: results from the FREEDOM Extension study
S. Papapoulos, K. Lippuner, C. Roux, C. J. F. Lin

Treatment with intermittent PTH increases Wnt10b production by T cells in osteoporotic patients
P. D’Amelio, F. Sassi, I. Buondonno, G. Fornelli, E. Spertino

Comparative performance of current definitions of sarcopenia against the prospective incidence of falls among community-dwelling seniors age 65 and older
H. A. Bischoff-Ferrari, J. E. Orav, J. A. Kanis, R. Rizzoli

Evaluation of common variants in CNR2 gene for bone mineral density and osteoporosis susceptibility in postmenopausal women of Han Chinese
C. Zhang, J. Ma, G. Chen, D. Fu, L. Li, M. Li

High fracture probability predicts fractures in a 4-year follow-up in women from the RAC-OST-POL study
W. Pluskiewicz, P. Adamczyk, A. Czekajło, W. Grzeszczak

Erratum to: High fracture probability predicts fractures in a 4-year follow-up in women from the RAC-OST-POL study
W. Pluskiewicz, P. Adamczyk, A. Czekajło, W. Grzeszczak

Association between osteocalcin and glucose metabolism: a meta-analysis

Erratum to: Association between osteocalcin and glucose metabolism: a meta-analysis

Low vitamin D levels have become less common in primary hyperparathyroidism
M. D. Walker, E. Cong, J. A. Lee, A. Kepley, C. Zhang

Glucocorticoid-induced osteoporosis management among seniors, by year, sex, and indication, 1996–2012
J. M. Albaum, L. E. Lévesque, A. S. Gershon, G. Liu
Calcitonin suppresses intervertebral disk degeneration and preserves lumbar vertebral bone mineral density and bone strength in ovariectomized rats

A phase IV, two-armed, randomized, cross-over study comparing compliance with once-a-month administration of vitamin D3 to compliance with daily administration of a fixed-dose combination of vitamin D3 and calcium during two 6-month periods
O. Bruyère, R. Deroisy, N. Dardenne, E. Cavalier, M. Coffiner.................................Pages 2863-2868

Spectacular improvement in vitamin D status in elderly osteoporotic women: 8-year analysis of an osteoporotic population treated in a dedicated fracture liaison service
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Oxytocin and bone status in men: analysis of the MINOS cohort
V. Breuil, E. Fontas, R. Chapurlat, P. Panaia-Ferrari..............................................Pages 2877-2882

Medication persistence in older women with osteoporosis: a pilot study
C. Gillette, D. M. Howerton, B. D. Williams, M. A. Mahmood.............................Pages 2883-2888

Heavy resistance training is safe and improves bone, function, and stature in postmenopausal women with low to very low bone mass: novel early findings from the LIFTMOR trial
S. L. Watson, B. K. Weeks, L. J. Weis, S. A. Horan.............................................Pages 2889-2894
New from NICE

Venous thromboembolism guideline committee

We are looking for topic experts to join the clinical guideline committee on venous thromboembolism (VTE).

Closing date: 5pm, Wednesday 20 January 2016

Time commitment:

- Full committee members will attend 12 – 13 meetings every 6 weeks (starting March 2016). Reading/commenting on documents in between meetings.
- Co-opted committee members will attend 1 or more committee meetings, as and when required. Advance notice will be given.
- Orthopaedic subgroup members will attend up to 4 subgroup meetings. These will be separate meetings to the full guideline committee meetings.

Interview date: Telephone interviews will take place on Thursday 4 February and Friday 5 February 2016.

We are looking for:

Clinicians and specialists with experience and knowledge of VTE and using prophylaxis methods to reduce the risk of VTE in patients visiting hospital.

https://www.nice.org.uk/get-involved/join-a-committee/member-venous-thromboembolism-guideline-committee

Eyes on Evidence: length of hospital stay and mortality after hip fracture

...hospital stay and mortality after hip fracture A Swedish population cohort...advice: The NICE guideline on hip fracture recommends using the ‘HipFracture’...people admitted to hospital with hip fracture if the patient: Overview...

National Institute for Health and Care Excellence - NICE - 10 November 2015 - Medicines Current Awareness - Evidence Summaries - Publisher: National Institute for Health and Care Excellence (NICE)

http://arms.evidence.nhs.uk/resources/hub/1047940/attachment

National hip fracture database (NHFD) commissioners report 2015

...name Number of hip fractures 3.11: Collaborative...3.18 Hip fracture programme...name Number of hip fractures 3.11: Collaborative... 3.18 Hip fracture programme...name Number of hip fractures 3.11: Collaborative... 3.18 Hip fracture programme...

Healthcare Quality Improvement Partnership - HQIP - 10 December 2015 - Policy and Service Development

New Activity in Up-to-Date

Falls in older persons: Risk factors and patient evaluation

Author: Douglas P Kiel, MD, MPH

Literature review current through: Dec 2015. | This topic last updated: Mar 27, 2015.

INTRODUCTION — Falls in older persons occur commonly and are major factors threatening the independence of older individuals. As is the case for many geriatric syndromes, falls usually occur when impairments in multiple domains compromise the compensatory ability of the individual [1].

Falls often go without clinical attention for a variety of reasons: the patient never mentions the event to a health care provider; there is no injury at the time of the fall; the provider fails to ask the patient about a history of falls; or either provider or patient erroneously believes that falls are an inevitable part of the aging process. Often, treatment of injuries resulting from a fall does not include investigation of the cause of the fall.

Significant morbidity and mortality may result from falls in older individuals. The importance of preventing falls is emphasized by a study that found that 80 percent of older women preferred death to a "bad" hip fracture that would result in nursing home admission [2].

A number of the physical conditions and environmental situations that predispose to falls are modifiable. Physicians caring for older patients need to routinely inquire about falls, assess for fall risk, and address modifiable underlying risk factors.

This topic focuses on risk factors and patient evaluation for falls. Measures to prevent falls in older persons are discussed separately.


Geriatric trauma: Initial evaluation and management

Author: Christopher Colwell, MD

Literature review current through: Dec 2015. | This topic last updated: Nov 12, 2015.

INTRODUCTION — In almost every developed country, the proportion of people over 60 years of age is growing faster than any other age group, as a result of longer life expectancy and declining birth rates [1]. As a result, more elderly individuals are presenting to emergency departments following trauma [2]. In addition, advances in the care of chronic diseases have increased the number of elderly people with active lifestyles, which predispose them to injury [3].

Although trauma remains a leading cause of morbidity and mortality across all ages, geriatric patients differ significantly from their younger counterparts in their greater
number of comorbidities [4,5], and higher risk of severe disability and death [6,7]. Elder patients are more susceptible to injury from minor mechanisms and less able to compensate from any injury. To manage their chronic ailments, elder patients are more likely to take multiple medications, some of which may blunt their response to the physiologic stress of trauma and increase their risk for complications [8].

This topic will review important issues involved in the initial assessment and management of trauma in elder patients. Detailed discussions of trauma care in the adult and of the management of specific injuries are found separately.

http://www.uptodate.com/contents/geriatric-trauma-initial-evaluation-and-management?source=search_result&search=hip+fracture+elderly&selectedTitle=3%7E150

**Hip fractures in adults**

Author: Katherine Walker Foster, MD

**Literature review current through:** Dec 2015. | **This topic last updated:** Nov 12, 2015.

**INTRODUCTION** — As the elderly population grows, the number of hip fractures continues to increase. The elderly have weaker bone and are more likely to fall due to poorer balance, medication side effects, and difficulty maneuvering around environmental hazards. Clinicians in many fields are involved in caring for patients with hip fractures and should be familiar with the basic assessment and management of these injuries.

This topic review will discuss the major types of hip fractures, including basic anatomy, fracture classification, and clinical and radiographic assessment. The details of surgical treatment are beyond the scope of this review. Prevention of hip fractures, preoperative assessment and the prevention and management of common medical complications associated with hip fractures are all discussed separately.

http://www.uptodate.com/contents/hip-fractures-in-adults?source=search_result&search=hip+fracture&selectedTitle=1%7E150
Current Awareness Database Articles related to Orthogeriatrics

Below is a selection of articles related to orthogeriatrics recently added to the healthcare databases, grouped in the following categories:

- Medical
- Patient care and management
- Psychological
- Other

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk

Medical

**Title:** Morbidity and Mortality Associated with Geriatric Ankle Fractures: A Medicare Part A Claims Database Analysis.

**Citation:** The Journal of bone and joint surgery. American volume, Nov 2015, vol. 97, no. 21, p. 1748-1755 (November 4, 2015)

**Author(s):** Hsu, Raymond Y, Lee, Yoojin, Hayda, Roman, DiGiovanni, Christopher W, Mor, Vincent, Bariteau, Jason T

**Abstract:** The purpose of this study was to examine the incidence of adverse events in elderly patients who required inpatient admission after sustaining an ankle fracture and to consider these data in relation to geriatric hip fracture and other geriatric patient admissions. A retrospective cohort study of patients admitted with an ankle fracture, a hip fracture, or any other diagnosis was performed with the Medicare Part A database for 2008. The primary outcome measure was the one-year mortality rate, examined with multivariate analysis factoring for both patient age and preexisting comorbidity. Secondary outcome measures analyzed additional morbidity as reflected by length of stay, discharge disposition, readmissions, and medical complications. There were 19,648 patients with ankle fractures, 193,980 patients with hip fractures, and 5,801,831 patients with other admitting diagnoses. Significant differences (p < 0.001) were noted in both age and comorbidity status between the group with ankle fractures and the group with hip fractures. The one-year mortality after admission was 11.9% for patients with ankle fracture, 28.2% for patients with hip fracture, and 21.5% for patients with any other admission. Upon using multivariate analysis to account for both age and comorbidity, the hazard ratio for one-year mortality associated with fracture was 1.088 for patients with hip fracture and 0.557 for patients with ankle fracture. Even after selecting for admitted patients and accounting for both age and...
comorbidity, geriatric patients with ankle fractures were found to have a lower one-year morbidity compared with geriatric patients who had sustained a hip fracture or alternative admitting diagnoses. Geriatric patients with ankle fractures are likely healthier and more active in ways that are not captured by simply accounting for age and comorbidity. These findings may support more aggressive definitive management of such injuries in this population. Prognostic Level III. See Instructions for Authors for a complete description of levels of evidence. Copyright © 2015 by The Journal of Bone and Joint Surgery, Incorporated.

Title: Urinary incontinence and poor functional status in fragility fracture patients: an underrecognized and underappreciated association

Citation: Archives of Orthopaedic and Trauma Surgery, November 2015, vol./is. 135/1(59-67), 0936-8051;1434-3916 (16 Nov 2015)

Author(s): Gosch M., Talasz H., Nicholas J.A., Kammerlander C., Lechleitner M.

Abstract: Purpose/introduction Urinary incontinence (UI) affects some 20 % of community-dwelling older people and 30-60 % of people in institutional care. UI is known as an independent predictor of falls, and likely impacts fracture rates. The aim of the study was to measure the prevalence of UI in a typical fragility fracture population, to evaluate the relationship of UI with functional disability in the postacute setting. Methods Our study is a retrospective cross-sectional study of patients admitted to rehabilitation setting after inpatient hospital management for a fragility fracture. We included all consecutively admitted fragility fracture patients aged over 65. All patients underwent standard clinical examination and Geriatric Assessment. We assessed UI using a two-stage process with a six-item UI screening questionnaire followed by an interview. Results 1,857 (80.7 % female) patients were available for analysis, mean age was 81.7 years. UI was identified in 59.2 % of all fragility fracture patients, and was more prevalent in females. Patients suffering from UI differed significantly in almost all measured functional and cognitive tests, with increased dependency/lower ADL scores, increased rates of immobility, and higher rates of cognitive dysfunction and depression. Conclusion This study confirms the high prevalence of UI in older fragility fracture patients, and the association between UI and functional impairments. The diagnostic work-up and treatment of patients should be focused on the special needs of these older patients. More efforts are needed to increase awareness about prevalence and consequences of UI among older fragility fracture patients.

Title: Treating the Aging Spine.

Citation: The Journal of the American Academy of Orthopaedic Surgeons, Dec 2015, vol. 23, no. 12, p. e91. (December 2015)

Author(s): Choma, Theodore J, Rechtine, Glenn R, McGuire, Robert A, Brodke, Darrel S
Abstract: Demographic trends make it incumbent on orthopaedic spine surgeons to recognize the special challenges involved in caring for older patients with spine pathology. Unique pathologies, such as osteoporosis and degenerative deformities, must be recognized and dealt with. Recent treatment options and recommendations for the medical optimization of bone health include vitamin D and calcium supplementation, diphosphonates, and teriparatide. Optimizing spinal fixation in elderly patients with osteoporosis is critical; cement augmentation of pedicle screws is promising. In the management of geriatric odontoid fractures, nonsurgical support with a collar may be considered for the low-demand patient, whereas surgical fixation is favored for high-demand patients. Management of degenerative deformity must address sagittal plane balance, including consideration of pelvic incidence. Various osteotomies may prove helpful in this setting. Copyright 2015 by the American Academy of Orthopaedic Surgeons.

Title: Comparison of Short-Term Outcomes of Geriatric Distal Femur and Femoral Neck Fractures: Results From the NSQIP Database

Citation: Geriatric Orthopaedic Surgery and Rehabilitation, December 2015, vol./is. 6/4(311-315), 2151-4585;2151-4593 (01 Dec 2015)

Author(s): Konda S.R., Pean C.A., Goch A.M., Fields A.C., Egol K.A.

Abstract: Purpose: To compare and contrast postoperative complications in the geriatric population following open reduction and internal fixation (ORIF) for (DF) fractures relative to femoral neck (FN) fractures. Methods: Patients aged 65 years and older in the American College of Surgeons National Surgical Quality Improvement Program database who underwent ORIF for FN fractures or DF fractures from 2005 to 2012 were identified. Differences in rates of any adverse events (AAEs), serious adverse events (SAEs), infectious complications, and mortality between groups were explored using univariate and multivariate analyses. Results: The DF cohort had a higher proportion of females (81.95% vs 71.35%, P <.001), were younger (79.41 +/- 7.93 vs 82.11 +/- 7.26 years old, P <.001), and had a lower age adjusted modified Charlson comorbidity index score (4.22 +/- 1.32 vs 4.49 +/- 1.35, P =.02). Cases with DF and FN did not differ in AAE (20.05% vs 20.20%, P =.94), SAE (12.03% vs 13.19%, P =.51), infectious complication (4.26% vs 4.22%, P =.97), hospital length of stay (7.32 +/- 6.73 days vs 7.02 +/- 10.67 days, P =.59), or mortality rates (4.51% vs 5.99%, P =.23). Multivariate analyses revealed that fracture type did not impact AAE (P =.28), SAE (P =.58), infectious complications (P =.83), or mortality (P =.85) rates. Conclusion: Postoperative morbidity and mortality of geriatric patients who sustain DF and FN fractures treated operatively were comparable. This information can be used when risk stratifying and prognosticating for elderly patients undergoing these procedures.

Title: Effect of early surgery in high surgical risk geriatric patients with femoral neck fracture and taking antiplatelet agents.
Citation: World journal of orthopedics, Dec 2015, vol. 6, no. 11, p. 970-976 (December 18, 2015)

Author(s): Sa-Ngasoongsong, Paphon, Kulachote, Noratep, Sirisreetreerux, Norachart, Chanplakorn, Pongsthorn, Laohajaroensombat, Sukij, Pinsiranon, Nithiwut, Woratanarat, Patarawan, Kawinwonggowit, Viroj, Suphachatwong, Chanyut, Wajanavisit, Wiwat

Abstract: To investigate the effect of early surgical intervention on the high surgical risk elderly patients who sustained femoral neck fracture (FNF) and taking concomitant antiplatelet agents. Between 2010 and 2012, a prospective study was conducted on 49 geriatric patients, who took antiplatelet agents, sustained FNF and underwent surgery within 72 h [early surgery (ES) group], and these were compared with a retrospective consecutive case series of patients with similar characteristics (45 cases) who had delayed surgery (DS group) after 72 h during an earlier 3-year period. Postoperative outcomes were followed for one year and compared. There were non-significant differences in perioperative blood loss, blood transfusion, intensive care unit requirement and postoperative mortality (P > 0.05 all). There were 2 patients (4%) in the DS group who died after surgery (P = 0.23). However, the ES group showed a significantly better postoperative outcome in terms of postoperative complications, length of hospital stay, and functional outcome (P < 0.05 all). Early hip surgery in geriatric hip fracture patients with ongoing antiplatelet treatment was not associated with a significant increase of perioperative blood loss and postoperative mortality. Moreover, ES resulted in a better postoperative surgical outcome. In early hip surgery protocol, the antiplatelet agents are discontinued and the patient is operated on within 72 h after admission, which is safe and effective for the medically fit patients.

Title: Outcomes of trochanteric external fixation for geriatric inter-trochanteric hip fractures.

Citation: Journal of orthopaedics, Dec 2015, vol. 12, no. 4, p. 174-178 (December 2015)

Author(s): Yousry, Ahmed H, Chotai, Pranit N, El Ghazaly, Sherif A, Fayyad, Tamer A, Abdelgawad, Amr A

Abstract: Trochanteric fractures are a leading cause of disability among the elderly. Internal fixation is the gold standard treatment. However, it may be challenging in the high-risk population. We present our results using external fixator in trochanteric fractures in the elderly. During 2005-2012, twenty-three high-risk elderly patients (average age 70 years) with trochanteric fracture were managed using percutaneous external fixation (EF). At one year follow-up, 86% returned to pre-fracture ambulatory status. Average time to fixator removal was 14 weeks. There were no cases of pin loosening, breakage, or penetration of femoral head. Advantages of EF include avoidance of delay, use of local/regional anesthesia, and shorter duration of surgery, blood loss and hospital stay. EF is an acceptable alternative in this patient population, given the associated co-morbidities and especially due to limited resources in developing countries.
Patient care and management

Title: Geriatric trauma G-60 falls with hip fractures: A pilot study of acute pain management using femoral nerve fascia iliaca blocks.

Citation: The journal of trauma and acute care surgery, Dec 2015, vol. 79, no. 6, p. 1067-1072 (December 2015)


Abstract: Hip fractures due to falls cause significant morbidity and mortality among geriatric patients. A significant unmet need is an optimal pain management strategy. Consequently, patients are treated with standard analgesic care (SAC) regimens, which deliver high narcotic doses. However, narcotics are associated with delirium as well as gastrointestinal and respiratory failure risks. The purpose of this pilot study was to determine the safety and effectiveness of ultrasound-guided continuous compartmental fascia iliaca block (CFIB) in patients 60 years or older with hip fractures in comparison with SAC alone. We performed a retrospective study of 108 patients 60 years or older, with acute pain secondary to hip fracture (2012-2013). Patient variables were age, sex, comorbidities, and Injury Severity Score (ISS). Primary outcome was pain scores; secondary outcomes included hospital length of stay, discharge disposition, morbidity, and mortality. Statistical analysis was performed using (IBM SPSS version 22). For group comparison (SAC vs. SAC + CFIB) median test, repeated-measures analysis and Student’s t test of transformed pain scores were used. Sixty-four patients received SAC only, and 44 patients received SAC + CFIB. Each CFIB placement was successful on first attempt without complications. Median time from emergency department arrival to block placement was 12.5 hours (interquartile range, 4-22 hours). Patients who received SAC + CFIB had significantly lower pain score ratings than patients treated with SAC alone. There were no differences in inpatient morbidity and mortality rates. Patients treated with SAC + CFIB were discharged home more often (p < 0.05). Ultrasound-guided CFIB is safe, practical, and readily integrated into the G-60 service for improved pain management of hip fractures. We are now conducting a prospective randomized control trial to confirm our observations. Therapeutic study, level IV.

Title: Does primary total knee arthroplasty for acute knee joint fracture maintain autonomy in the elderly? A retrospective study of 21 cases.

Citation: Orthopaedics & traumatology, surgery & research : OTSR, Dec 2015, vol. 101, no. 8, p. 947-951 (December 2015)

Author(s): Boureau, F, Benad, K, Putman, S, Dereudre, G, Kern, G, Chantelot, C
Abstract: Due to poor results and failure encountered in osteosynthesis of peri-articular fracture of the knee, arthroplasty may be suggested to osteopenic elderly subjects. All osteosynthesis techniques entail loss of independence and are associated with elevated mortality. No studies definitively establish better management of such fractures. Total arthroplasty provides better autonomy after peri-articular fracture of the knee. Seventy-nine patients aged over 65 years were operated on for peri-articular fracture of the knee between April 2008 and March 2013. In 21 cases, treated by a single surgeon, total knee arthroplasty was performed in view of osteopenia or osteoarthritis. Mean age was 79 years (range, 68-96 years). There were 10 distal femoral and 11 proximal tibial fractures. Mean follow-up was 31 months (range, 9-68 months). Cases of pathologic fracture, failed osteosynthesis and non-operative management were excluded. All patients showed severe osteopenia on radiology and half already had advanced osteoarthritis. One-year mortality was 14%. At last follow-up, the revision rate was 9.5%. Fifteen patients were followed up. Mean Parker score fell from 7.2 (range, 2-9) preoperatively to 4.6 (range, 0-9) at last follow-up, indicating loss of independence. At follow-up, mean IKS score was 116.6 (range, 0-192) with mean IKS knee score of 78.4 (range, 0-100) and IKS function score of 38.2 (range, 0-100). Mean Oxford score was 36/60 (range, 18-53). Global IKS and IKS function scores were significantly better in case of ASA-2 than ASA-3 (P<0.05). There was no difference between femoral and tibial fractures in terms of IKS or Oxford score or loss of independence. Total knee arthroplasty can be considered for peri-articular fracture of the knee in osteopenic geriatric patients. Although surgical revision was less frequent than after osteosynthesis and resumption of weight-bearing was immediate, autonomy was still impaired. Mortality was comparable to other reports. IV, retrospective study. Copyright © 2015 Elsevier Masson SAS. All rights reserved.

Psychological

Title: Persistent pain and depression after hip fracture strongly correlate with poor outcomes

Citation: European Orthopaedics and Traumatology, December 2015, vol./is. 6/4(399-404), 1867-4569;1867-4577 (01 Dec 2015)

Author(s): Pidemunt G., Perez-Prieto D., Gines-Cespedosa A., Suils-Ramon J., Puig-Verdie L., Caceres E., Vila-Canet G.

Abstract: Background: For some time, depressive symptoms have been correlated with worse outcomes in the elderly after hip fractures. However, the relationship between pain and functional outcomes has been less studied. Material and Methods: The Short Form 36 (SF-36), the Harris Hip Score (HHS), the Geriatric Depression Scale (GDS), and the Barthel Index (BI) were analyzed. A total of 126 correlative patients with a hip fracture were included. After exclusion criteria and missing people, 100 patients were thoroughly evaluated at baseline, 3-month, and 1-year follow-up. Results: The patients generally did not return to enjoy their previous quality of life, functioning, and autonomy after the fracture. Their GDS worsens from 4.39 points to 5.49 (p < 0.001) at 1-year follow-up. Bodily pain decreases throughout the follow-up from 67.33 points to 54.29 points. The remaining
items studied started improving from the third month. Pain has a significant (p < 0.001) correlation with both the GDS (rho = -0.58) and the Mental Composite Scale (MCS) of the SF-36 (rho = 0.58) at 1 year follow-up. Conclusion: The presence of pain and depressive symptoms is associated with worsened quality of life and functional outcomes. Multimodal pain and depression treatment might be a promising tool to mitigate it.

**Other**

**Title:** The clinical and economic impact of preoperative transthoracic echocardiography in elderly patients with hip fractures

**Citation:** Bulletin of the Hospital for Joint Diseases, December 2015, vol./is. 73/4(239-242), 2328-4633 (December 2015)

**Author(s):** Marcantonio A., Steen B., Kain M., Bramlett K.-J., Tilzey J.F., Iorio R.

**Abstract:** Purpose: The purpose of this study was to evaluate preoperative transthoracic echocardiography (TTE) on cardiac intervention, length of stay (LOS), inpatient mortality, and costs. Methods: A retrospective series of 43 preoperative TTE and 161 non-TTE (control) hip fracture patients (> 65 years) was reviewed. The data collected included ASA score, comorbidities, indication for TTE, perioperative cardiac intervention, LOS, inpatient mortality, and cost. Results: One of 43 (2.4%) (TTE) had a cardiac intervention (PTCA/CABG). Zero interventions occurred in the control group. The average time to operation was 1.5 days (TTE) and 0.93 days (control) (p < 0.001). The average LOS was 7.2 days (TTE) and 6.0 days (control), (p = 0.04). Patients (American Society of Anesthesiologists Physical Status Classification 3 and 4 patients), LOS was 7.3 days (TTE) and 6.3 days (control) (p = 0.18). Inpatient mortality was 2.3% (TTE) and 3% (control) (p = 0.493). There was no correlation between TTE and anesthesia. Hospital costs were different between groups (TTE $24,445 and control $18,429, p = 0.02). Conclusions: Preoperative TTE in elderly patients with hip fractures resulted in a low cardiac intervention rate. Patients undergoing preoperative TTE prior to surgery had longer times to operation, LOS, and higher hospital costs. The utility of TTE as a preoperative screening tool is limited in the geriatric hip fracture population and does not appear to effect perioperative mortality rates.

**Title:** Erratum to: Safety Considerations of Inhaled Corticosteroids in the Elderly(Drugs Aging, (2014), 31, 7987-796, DOI 10.1007/s40266-014-0213-1)

**Citation:** Drugs and Aging, December 2015, vol./is. 32/12(1067-1076), 1170-229X;1179-1969

**Author(s):** Battaglia S., Cardillo I., Lavorini F., Spatafora M., Scichilone N.

**Abstract:** Inhaled corticosteroids (ICSs) are widely used in the treatment of patients with chronic obstructive pulmonary diseases. However, high-dose regimens and long-term use of ICSs have the potential to cause a variety of local and systemic side effects such as
candidiasis, cataracts, glaucoma, and osteoporosis. The use of ICSs can also be associated with the risk of bone fractures, diabetes mellitus and pneumonia. These ICS-related side effects are of particular importance in elderly patients due to the presence of comorbidities and age-related behavioral, cognitive, and psychological problems, which can all interact with inhaled treatment. We reviewed the available literature on the clinically relevant side effects of ICSs in the elderly to provide practical measures to properly monitor and manage the risk of ICSs in the geriatric population. Inspection of the mouth, monitoring of ocular pressure, and use of bone-protective drugs may be necessary in patients on prolonged ICS therapy. Above all, the use of the lowest possible ICS dose and a careful re-assessment of the inhalation procedure should be recommended. Taken together, these observations suggest that physicians should use ICSs appropriately for those patients in whom the benefit will outweigh the risk, especially chronic obstructive pulmonary disease (COPD) patients with previous frequent exacerbations. Given the paucity of information on the topic and the need to extrapolate the results from studies with broader age ranges, we strongly encourage the design of specifically tailored clinical studies in the elderly.

Title: Evaluating Problems With Footwear in the Geriatric Population

Citation: Geriatric Orthopaedic Surgery and Rehabilitation, December 2015, vol./is. 6/4(338-340), 2151-4585;2151-4593 (01 Dec 2015)

Author(s): Ikpeze T.C., Omar A., Elfar J.H.

Abstract: Foot pathologies are common in nearly 80% of all elderly patients, and studies have indicated inappropriate footwear as one of the major underlying cause. It has been postulated that ill-fitting shoe wear affects plantar pressure, thus exacerbating weak balance. Complications arising from foot pathologies, which include difficulty in maintaining balance, have increased the risk of falls that can result in fractures and other serious injuries. The link between footwear and the onset or progression of certain foot pathologies has emphasized the need to explore and promote preventative measures to combat the issue. Wider and higher toe boxed shoes, along with sneakers, are examples of footwear documented to evenly distribute plantar pressure, increase comfort, and facilitate appropriate balance and gait. Ultimately, the use of appropriate footwear can help to better stabilize the foot, thus reducing the risk of sustaining debilitating physical injuries known to drastically decrease the quality of life among the geriatric population.
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