

Time is money and time is life

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by Polok et al,
see p. 506

Even at the time of the coronavirus disease 2019 (COVID-19) pandemic, hip fracture continues to be an important cause of morbidity and mortality among elderly patients worldwide.¹ It also implies a high health cost in all health systems, including not only direct but also indirect costs related with the need for a caregiver, as well as a significant decrease in health-related quality of life. In Europe, the incidence of hip fracture due to fragility is increasing, mainly due to a longer life expectancy² and the main risk factor is osteoporosis, characterized by a general decrease in bone resistance that predisposes to an increased risk of fragility fractures. Apart from this fundamental factor, there are other associated factors such as vitamin D deficiency, limited sun exposure or inadequate calcium intake. Apart from this, patients with hip fracture are 86% more likely to experience a second fracture which usually occurs in the first year after the index event³ and 50% of all hip fractures occur in 16% of the population that has previously presented with fracture. In Poland, hip fracture rate of 30 000 cases per year was estimated in 2007,⁴ which has been progressively increasing.⁵ Following hip fracture, multidisciplinary management by fracture liaison services has been shown to greatly reduce re-fracture, mortality, and the sequelae of this highly prevalent condition. Furthermore, these fracture units represent an opportunity to decrease the percentage of patients who do not receive care aimed at preventing a new fracture, having demonstrated their effectiveness in reducing the presentation of new fractures as well as their cost-effectiveness. Clinical guidelines for osteoporotic hip fractures have been published in various hospitals in which admission, diagnosis, and treatment are managed by a multidisciplinary team. Internist, traumatologist, rheumatologist, along with rehabilitation specialist, social worker, nurse, and other health professionals are involved in the management and subsequent rehabilitation of each patient with hip fracture.⁶ Although there are various prognostic indicators of risk for hip fracture such as age, early mobilization or the optimal treatment of associated medical pathology

(delirium, diabetes mellitus and others) perhaps one of the most powerful and most relevant indicators is the wait time for surgery that should ideally be less than 48 hours.

In the study by Polok et al⁷ that included more than 1000 patients, it was shown that, unfortunately, surgery times have increased over the last decade. This could have several explanations. On the one hand, the progressive aging of the population means that there are older patients with comorbidities (including dementia as indicated by the authors of the aforementioned work) who must be treated and their comorbidities compensated before entering the operating room, which would delay it. It can also be due to a huge burden to health systems, or even to a decrease in human resources dedicated to traumatic hip pathology. Although COVID-19 has had a huge impact on the health systems in all countries, we must not forget that hip fracture has a 12-month mortality of 30%, and in addition, 30% of patients who survive have a significant disability one year after fracture and only 40% to 50% recover the functional abilities they had prior to fracture. Therefore, given the importance of this pathology, we must strive to reduce surgical times by implementing clinical and structural measures to ensure that most patients undergo surgery, if possible, in less than 24 hours, since in this pathology, similarly to ischemic heart disease and also COVID-19, time is life.

ARTICLE INFORMATION

DISCLAIMER The opinions expressed by the author are not necessarily those of the journal editors, Polish Society of Internal Medicine, or publisher.

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