

*Hip Fracture Outcomes in People Age 50
and Over*

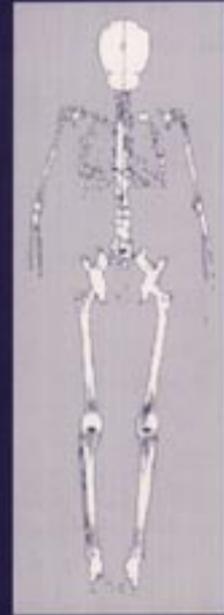
September 1994

OTA-BP-H-120

NTIS order #PB94-107653

BACKGROUND PAPER

HIP
FRACTURE
OUTCOMES
IN
PEOPLE
AGE
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AND
OVER



OFFICE OF TECHNOLOGY ASSESSMENT
CONGRESS OF THE UNITED STATES

Recommended Citation: U.S. Congress, Office of Technology Assessment, *Hip Fracture Outcomes in People Age 50 and Over-Background Paper*, OTA-BP-H- 120 (Washington, DC: U.S. Government Printing Office, July 1994).

Foreword

Anually, more than 300,000 people in the United States fracture a hip. The great majority are age 50 and over, and half are age 80 and over. Hip fractures have severe consequences for many older people, and expenditures for their care are significant. This Office of Technology Assessment (OTA) background paper provides information about mortality, in-hospital and post-hospital service use, and long-term functional impairment following a hip fracture. OTA estimates that in 1990 the average per patient expenditure for in-hospital and post-hospital services for hip fracture patients was \$20,000 and total public and private expenditures for all hip fracture patients were \$5 billion. Expenditures for nursing home and other long-term care services account for almost half of this amount.

This background paper is one of four documents resulting from OTA's study of policy issues in the prevention and treatment of osteoporosis. Another background paper, *Public Information About Osteoporosis: What's Available, What's Needed?*, is also being issued in July 1994. Two other documents, one on the costs and effectiveness of screening for osteoporosis and the other on research and training issues in osteoporosis, will be issued later this year.

Several federal agencies are currently funding research on hip fracture treatments and outcomes. These studies are attempting to identify the most effective treatments. Once such treatments are identified and implemented, outcomes may improve. Because many hip fracture patients are very old and frail, however, the potential for significant improvements in hip fracture outcomes is limited, thus highlighting the importance of steps that maybe taken throughout life to reduce the incidence of hip fractures, including steps to increase bone mass and bone strength in young people, maintain bone mass and bone strength in middle-aged and older people, diminish the environmental and patient factors that lead to falls in older people, and protect older failers from fracture.



ROGER C. HERDMAN
Director

Advisory Panel

Robert P. Heaney, Chairperson

John A. Creighton Professor
Creighton University
Omaha, NE

Steven R. Cummings

Research Director
Division of General Internal
Medicine
College of Medicine
University of California
San Francisco, CA

Barbara L. Drinkwater

Research Physiologist
Department of Medicine
Pacific Medical Center
Seattle, WA

Deborah T. Gold

Assistant Professor of Medical
Sociology
Center for the Study of Aging and
Human Development
Duke University Medical Center
Durham, NC

Susan L. Greenspan

Director
Osteoporosis and Metabolic Bone
Disease Clinic
Beth Israel Hospital
Boston, MA

Caren Marie Gundberg

Assistant Professor
Department of Orthopedics
Yale University School of
Medicine
New Haven, CT

Sylvia Houglund

Associate Director
Laboratory for Clinical
Computing
VA Medical Center
Dallas, TX

C. Conrad Johnston, Jr.

Director
Division of Endocrinology and
Metabolism
Indiana University School of
Medicine
Indianapolis, IN

Shiriki K. Kumanyika

Associate Director for
Epidemiology
College of Medicine
Pennsylvania State University
Hershey, PA

Edward O. Lanphier

Executive Vice President for
Commercial Development
Somatix Therapy Corporation
Alameda, CA

Donald R. Lee

Vice President
Procter and Gamble
Pharmaceuticals
Norwich, NY

Robert Lindsay

Chief, Internal Medicine
Helen Hayes Hospital
West Haverstraw, NY

Betsy Love

Program Manager
Center for Metabolic Bone
Disorders
Providence Medical Center
Portland, OR

Robert Marcus

Director
Aging Study Unit
VA Medical Center
Palo Alto, CA

Lee Joseph Melton, Iii

Head, Section of Clinical
Epidemiology
Department of Health Sciences
Research
Mayo Clinic
Rochester, MN

Gregory D. Miller
Vice President
National Research/Technical
Services
National Dairy Council
Rosemont, IL

Morris Notelovitz
President and Medical Director
Women's Medical and Diagnostic
Center and the Climacteric
Clinic, Inc.
Gainesville, FL

William Arno Peck
Dean
Washington University School of
Medicine
St. Louis, MO

Diana Petitti
Director
Research and Evaluation
Southern California Kaiser
Permanence Medical Care
Program
Pasadena, CA

Neil M. Resnick
Chief, Geriatrics
Brigham and Women's Hospital
Boston, MA

Gideon A. Rodan
Executive Director
Department of Bone Biology
Merck, Sharp and Dohme
Research
West Point, PA

Mehrsheed Sinaki
Professor, Physical Medicine
and Rehabilitation
Mayo Medical School
Rochester, MN

Milton C. Weinstein
Henry J. Kaiser Professor
Health Policy and Management
Harvard School of Public Health
Boston, MA

Note: OTA appreciates the valuable assistance provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this background paper. OTA assumes full responsibility for the background paper and the accuracy of its contents.

Project Staff

Clyde Behney

Assistant Director
*Health, Education and
Environment Division*

Nancy Carson

Program Director
Education and Human Resources

Sean Tunis

Program Director
Health

PRINCIPAL STAFF

Katie Maslow

Project Director

Kerry Kemp

Managing Editor

ADMINISTRATIVE STAFF

Cecile Parker

Office Administrator
Education and Human Resources

Beckie Erickson

Office Administrator
Health

Linda Rayford

PC Specialist

Tamara Kowalski

Secretary

Carolyn Martin

Secretary/Word Processor