Hip Fracture Outcomes in People Age 50 and Over

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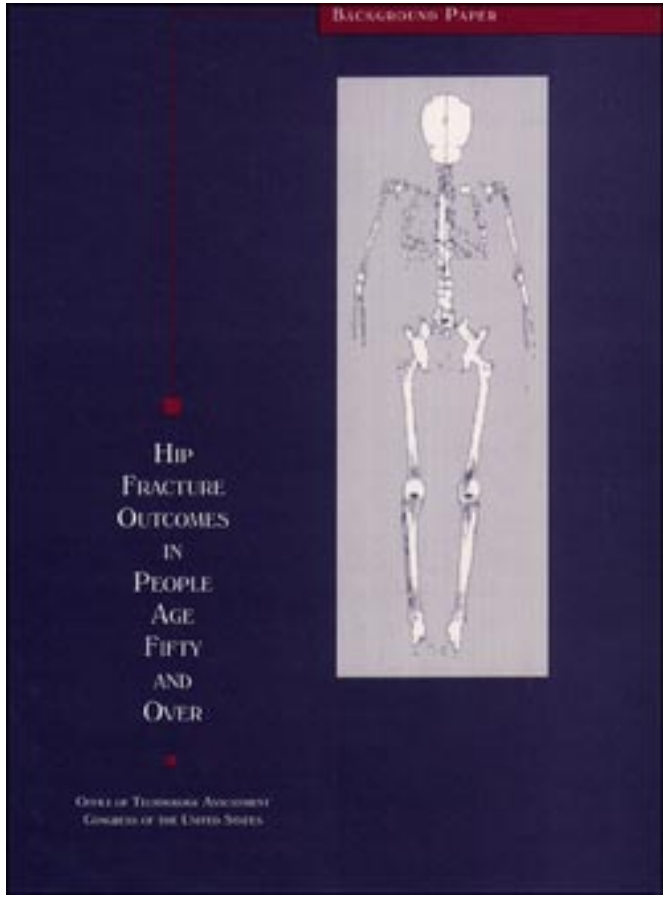

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Foreword

Annually, 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.

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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 y for the background paper and the accuracy of its contents.**

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