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Traumatic Stress during Femoral Neck Fractures Patients

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Introduction

In the western world, fractures among older adults—especially among older women represent a serious health issue. Hip fractures in particular are more likely than any other osteoporotic fractures to result in mortality, disability, and high medical costs. Nevertheless, it has been asserted that some hip fractures in elderly people occur on their own. There is strong evidence that falls are the main cause of fractures, if not almost all of them. Therefore, research on the types of falls that result in hip fractures is crucial from a preventive standpoint. In a recent case-control study, it was demonstrated that factors affecting the likelihood of hip fracture from a fall included the direction of the fall (sideways or straight down), which body parts struck the ground, bone density, and factors increasing or decreasing the force of impact (for example, surface hardness, the ability to break the fall).

Description

The background characteristics of falls that result in hip fractures, as well as the underlying causes and contributory variables, must also be studied, though. There aren't many researches like this where diverse fall classification methods have been employed; these studies tend to have relatively broad classification categories and no operational definitions on how to classify various fall kinds. Therefore, despite the fact that numerous intriguing findings are provided, it is rather challenging to compare data and make any broad conclusions in this regard. The lack of a repeatable and thorough fall classification system has hindered research in this area up until recently; however, a complete instrument with satisfactory interrater reliability and precise operational definitions for the categorization of falls was recently published.

Furthermore, the individuals were evaluated for cognitive impairment using approved testing tools as diagnostic criteria in only one study. Acute confusional states and other cognitive deficits are frequent among hip fracture patients in the early stages of hospitalisation, although typically the doctor does not notice them, according to prior studies. In these studies, it was common for confused hip fracture patients to provide what appeared to be adequate explanations for their falls, despite the fact that these patients later revealed they were disoriented when they were specifically tested, raising serious doubts about the accuracy of their accounts. As a result, we discovered that it was essential to only include cognizant patients in order to get accurate accident descriptions. Elderly persons are significantly more at risk for hip fractures than younger people. Due in large part to people living longer, hip fractures are becoming more common. In addition to age, other independent risk factors for hip fracture include osteoporosis, prior fractures, and falls. Numerous other characteristics, such as poor health, restricted mobility, and cognitive impairment, are linked to an increased risk of hip fracture. These elements raise the risk of falling and osteoporosis. Studies should normally distinguish between femoral neck fractures and trochanteric fractures since their risk variables differ slightly from one another. Hip fractures are split into these two categories.

The leading cause of mortality and morbidity among elderly persons is stroke. It is challenging to find data on the incidence of stroke. However, it is anticipated to rise given that stroke incidence rises significantly with age and that stroke survivorship is now longer. Some of the risk factors for stroke and stroke-related consequences, such as paresis and immobility, are also well-known risk factors for osteoporosis. These risk factors include age and smoking. Falls are prevalent in stroke patients, and other post-stroke symptoms like impaired balance and perceptual abnormalities raise that risk. Therefore, it would be assumed that stroke patients would also be at risk for osteoporosis, falls, and subsequently, fractures.

Poststroke hip fracture occurs late after a stroke (median is 30 months after stroke onset) and most frequently affects the paretic side. Stroke patients have an up to a 4-fold greater risk of hip fracture. The increased risk of fractures following a stroke is partially caused by the loss of bone mass in the paretic extremities, or hemiosteoporosis, which starts soon after a stroke and worsens for the first few years. Between 3% and 19% of hip fracture patients had a history of stroke, according to reports, although this prevalence has neither been tracked recently nor over time. Given that patients who have had a stroke in the past are more likely to suffer a hip fracture, it is reasonable to assume that these patients will experience more strokes than the overall aged population does. The prevalence of prior stroke among individuals with hip fractures may rise over time due to the rising overall prevalence of stroke.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSMIV) states that delirium is a common consequence that can have a significant impact on how a femoral neck fracture affects an aged person. Even in people with dementia, delirium has, by definition, organic triggering elements that must be found in order to administer adequate treatment. Age, male sex, dementia, stroke, cardiovascular conditions, depression, and drug use are a few risk variables for delirium in patients with femoral neck fractures that have been studied.

In orthopaedic practise, femoral neck fractures are a common injury that causes significant morbidity and mortality. In order to handle these injuries effectively, surgeons must be able to identify unique patient traits and fracture patterns that point to the usage of specific implants and techniques. The practical cornerstone of femoral neck fracture characterisation that helps determine the right course of therapy has continued to be the application of the Garden and Pauwels classification systems. In situ fixation, closed or open reduction and internal fixation, hemiarthroplasty, and complete hip arthroplasty are available as surgical options. Recent studies show that orthopaedic surgeons have different opinions about the best way to treat femoral neck fractures and the evolving nature of care [1-8].

Conclusion

A common injury in orthopaedic practise, femoral neck fractures cause severe morbidity and mortality. In order to properly manage these injuries, surgeons must be able to identify distinct fracture patterns and patient traits that point to the adoption of specific implants and management techniques. The practical standard for classifying femoral neck fractures that helps determine the best course of therapy is still the Garden and Pauwels classification systems. There are several surgical treatments available, including internal

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fixation in situ, closed or open reduction, hemiarthroplasty, and complete hip arthroplasty.

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Conflict of Interest

There is no conflict of interest by the author.

References

1. Koval, Kenneth J., Gina B. Aharonoff, Andrew S. Rokito and Thomas Lyon, et al. "Patients with femoral neck and intertrochanteric fractures: Are they the same?" *Clin Orthop Relat Res* 330 (1996): 166-172.
2. Ly, Thuan V., and Marc F. Swiontkowski. "Treatment of femoral neck fractures in young adults." *Indian J Orthop* 90 (2008): 2254-2266.
3. Dai, Zhenyu, Yue Li and Dianming Jiang. "Meta-analysis comparing arthroplasty with internal fixation for displaced femoral neck fracture in the elderly." *J Surg Res* 165 (2011): 68-74.
4. Guyen, Olivier. "Hemiarthroplasty or total hip arthroplasty in recent femoral neck fractures?" *Orthop Traumatol Surg Res* 105 (2019): S95-S101.
5. Davidovitch, Roy I., Charles J. Jordan, Kenneth A. Egol and Mark S. Vrahas. "Challenges in the treatment of femoral neck fractures in the nonelderly adult." *J Trauma* 68 (2010): 236-242.
6. Solomon, L. "Osteoporosis and fracture of the femoral neck in the South African Bantu." *J Bone Joint Surg Br* 50 (1968): 2-13.
7. Eisler, Jesse, Roger Cornwall, Elton Strauss and Kenneth Koval, et al. "Outcomes of elderly patients with nondisplaced femoral neck fractures." *Clin Orthop Relat Res* 399 (2002): 52-58.
8. Tidermark, Jan. "Quality of life and femoral neck fractures." *Acta Orthop Scand Suppl* 74 (2003): 1-62.

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