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Aging Gracefully — OrthoCon 2021

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It is an old saying that wisdom comes with age. Increasing age has its untoward effect on one's health. Population ageing is one of the greatest triumphs of human race and is linked to advancement in the field of medicine, public health, and socioeconomic development over diseases. As per the department of Economic and Social Affairs United Nation worldwide a person aged 65 years would be expected to live an additional 17 years. By 2045-2050 this figure will have increased to 19 years.¹

Like all other health care specialties, major influx in orthopaedics surgical care is the aging patient, requiring not only treatment of acute conditions but also management of parallel chronic illnesses. Radosavljevic N et al in 2014 published a study which showed that out of the 6.8 million operations done on patients aged 65 or above about 27% were related to the musculoskeletal system with Total hip replacement being the most common one.²

Geriatric population is at considerable risk of developing musculoskeletal disorders and the incidence is directly proportional to increasing age. Pain, stiffness, fatigue and muscle weakness directly affects the quality of life in these patients. Fragility fractures which are caused by changes in both bone and soft tissue architecture can not only cause significant morbidity and mortality but also have significant social, psychological, and financial impact on them. While orthopaedics surgery has a wide subspecialty practice like spine, hand and wrist, sports medicine, foot and ankle surgery, paediatrics but geriatric orthopaedics is still having a generalized practice. With ever increasing "baby boomers" time has come to make geriatric orthopaedics a well-recognized multidisciplinary sub-specialty with fellowship programmes exclusively designed to cater the needs of the aging population.³

With increasing age of population fragility fractures have also increased. As the famous saying goes "Prevention is better than Cure" various models and programmes like "Own the Bone" and "Fracture Liaison Service" have been

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established. All these programmes involve a multidisciplinary team approach and aim at preventing fragility fractures. They also aim at improving bone health, screening high risk individuals, prompt, and timely pharmacological interventions so that fracture related morbidity and mortality and overall health care expenditure can be reduced.^{4,5}

Primary prevention of disease is one of the most important aspect in geriatric populations which results in disability prevention. There are certain diseases like degenerative joint diseases which are unpreventable due to its idiopathic etiology. Here the emphasis should be on early detection, lifestyle modification, pharmacological intervention so that the progression of the disease can be slowed down and hence disability could be prevented. But once established total joint arthroplasty was found to have a significant impact in reducing disability and maintain the musculoskeletal function. In the last decade total joint replacement has revolutionized the treatment of arthritis in elderly still multimodal team approach and individual patients need should be considered before treatment.

Surgical Intervention in geriatric patients requires a team of experts who can optimize patient for early operative care by avoiding unnecessary test and consults that can lead to increase cost and delay in surgery. Time to surgery particularly in geriatric hip fractures has shown to affect outcomes of surgery. Outcome of surgery is highly dependant on preoperative, perioperative, and postoperative care and rehabilitation.^{6,7}

Treating geriatric patients pose a unique challenge to the orthopaedic surgeon. It is not only the disease which needs treatment but also the psychosocial and financial needs which need consideration. All efforts should be made to limit disability and if this occurs a multimodal cost-effective treatment strategy should be designed to treat it. Way forward would be a structured and well-designed Geriatric orthopaedic fellowship covering all the health care challenges posed by ageing population. We aim to highlight all these issues in the forthcoming OrthoCon 2021.

References

1. Dixon A. The United Nations Decade of Healthy Ageing requires

- concerted global action. *Nat Aging*. 2021; 1:2- <https://doi.org/10.1038/s43587-020-00011-5>.
2. Radosavljevic N, Nikolic D, Lazovic M, Jeremic A. Hip fractures in a geriatric population - rehabilitation based on patients needs. *Aging Dis*. 2014;5:177-82.
 3. Quatman CE, Switzer JA. Geriatric Orthopaedics: a New Paradigm for Management of Older Patients. *Curr. Geriatr. Rep*. 2017;6:15-9.
 4. Bunta AD, Edwards BJ, Macaulay WB, Jr., Jeray KJ, Tosi LL, Jones CB, et al. Own the Bone, a System-Based Intervention, Improves Osteoporosis Care After Fragility Fractures. *J Bone Joint Surg Am*. 2016; 98:e109.
 5. Noordin S, Allana S, Masri BA. Establishing a hospital based fracture liaison service to prevent secondary insufficiency fractures. *Int J Surg*. 2018;54(Pt B):328-32.
 6. Accelerated surgery versus standard care in hip fracture (HIP ATTACK): an international, randomised, controlled trial. *Lancet*. 2020;395:698-708.
 7. Shah AA, Kumar S, Shakoor A, Haroon R, Noordin S. Do delays in surgery affect outcomes in patients with inter-trochanteric fractures? *J Pak Med Assoc*. 2015;65(11 Suppl 3):S21-4.
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