

Frailty and functional decline after hip fracture surgery

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Ethische beoordeling	Positief advies
Status	Anders
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON26913

Bron

NTR

Verkorte titel

STOK: Samenwerking Traumachirurgie en Ouderengeneeskunde bij Kwetsbare patiënten met een collumfractuur.

Aandoening

Patients admitted to the hospital with hip fracture.

Ondersteuning

Primaire sponsor: Internal medicine, Isala, Zwolle, The Netherlands

Overige ondersteuning: none

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

-GFI

- Length of stay at the hospital

- Functional decline by Barthel 2, 6 and 12 months after discharge

- (Re-)admissions

- Mortality in 6 and 12 months

Toelichting onderzoek

Achtergrond van het onderzoek

Frailty is a multifactorial clinical syndrome which is related to adverse health outcomes, hospitalization and mortality. In this study we aim to find the best way of assessing frailty in patients with hip fracture, eligible for surgery. Furthermore we will describe the relation between frailty, functional status and other patient characteristics and adverse outcomes as functional decline, length of stay, admissions and mortality.

Negative outcomes are seen in patients after surgery for a hip fracture. Involvement of a geriatric team is expected to improve health outcomes.

We think involvement of a geriatric team decreases readmissions, length of stay and mortality.

Doel van het onderzoek

The aim of the study is to explore the relation between frailty, functional status and other patient characteristics and adverse outcomes as functional decline, length of stay, admissions and mortality. Frailty is multifactorial and is known to be related to adverse health outcomes, hospitalization and mortality. The degree of frailty depends on the instruments used. The Groninger Frailty Indicator (GFI) is expected to have more predictive value than other frailty indicators. Involvement of a geriatric team is thought to improve outcomes. Defined as less functional decline.

Onderzoeksopzet

- Pre-operative: Barthel questionnaire, GFI, Hand grip dynamometry, ISAR-HP
- During stay at the hospital: delirium screening
- Day of discharge hospital: Hand grip dynamometry, MMSE
- Day of discharge nursing home: Barthel, time to successful rehabilitation
- Post-operatively 2 months (out-patient department): Barthel questionnaire, GFI, Hand grip dynamometry
- Post-operatively 6 and 12 months (questionnaire by telephone): number of fall incidents,

Barthel questionnaire

-Post-operatively 12 months: mortality and re-admissions.

Onderzoeksproduct en/of interventie

-Hand grip dynamometry

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Patients (>70 years) admitted to the hospital with hip fracture who are eligible for surgery.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

-A fracture distal from subtrochanteric fracture

-Pathological fracture

-Admission to a ward other than internal medicine or orthopedic/surgical wards

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Anders
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Anders
(Verwachte) startdatum:	01-11-2014
Aantal proefpersonen:	200
Type:	Onbekend

Ethische beoordeling

Positief advies	
Datum:	06-02-2015
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL4952
NTR-old	NTR5058
Ander register	METC Zwolle : 14.0110

Resultaten