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## Risk factors for intracranial hemorrhage in elderly patients with blunt head trauma

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Falls in the elderly are a common problem with an ever aging population. Head injury causing intracranial hemorrhage from a fall from standing is the major cause of mortality in the elderly age group. A meta-analysis by Batchelor et al. (2012) studied the effect of warfarin on mortality in patients with blunt head trauma. Eleven papers were identified, which met the criteria for the meta-analysis. Despite the heterogeneity between the studies (Q test: 27.421, 10 DF, P=0.002), the fixed effects model was the preferred model based on the fact that 10 out of the 11 studies had an odds ratio greater than one. The results showed that warfarin anticoagulation increases the mortality from blunt head trauma by an odds ratio of 2.008 (95% CI 1.634 - 2.467). The risk of intracranial hemorrhage from blunt head trauma in patients on aspirin agents is approximately 1.5 and the mortality is OR=2.435 (95% CI: 0.637-9.314). The result is not statistically significant and the level of evidence for this is poor. Previous investigators have published case series advocating the use of platelet transfusions in patients with blunt head trauma with intracranial hemorrhage who are taking antiplatelet agents. The evidence for this approach is poor. Desmopressin may be the preferred option. This paper aims to discuss these areas in more detail.

### Biography

John S Batchelor is currently a Consultant in Emergency Medicine at Central Manchester Foundation Trust, England UK. He has graduated from Leeds University England in 1982. He has written extensively on the subject of minor head injuries. He was one of the first investigators to identify the importance of headache and vomiting in patients with minor head injury. He has also recently published a meta-analysis on the effect on mortality of platelet transfusions in adults with spontaneous or traumatic anti-platelet associated intracranial hemorrhage. His current research interest lies in the area of risk factors for intracranial hemorrhage in TBI, particularly in patients on warfarin and antiplatelet agents.

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