



Malnutrition's Effect on Elderly Patients' Hip Fracture Recovery

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ABSTRACT

Older people who have hip fractures may fare poorly if they are malnourished. The goal of this study is to examine several malnutrition indicators that result in negative effects. Methods: A prospective analysis of patients from a geriatric trauma centre was conducted. Various demographics, information on the incident, and whether or not anticoagulation or osteoporosis prophylaxis was used were all noted. Analyses of the nutritional status in relation to laboratory variables and the nutritional risk score were also conducted. Results: This study's key conclusion is that inadequate nutrition is statistically substantially linked to both worse independence and greater mortality. Osteoporosis prevention given postoperatively is protective of mortality and independence. Conclusions: Geriatric patients' malnutrition. Geriatric individuals who are malnourished have a higher chance of dying, having decreased mobility, and losing their independence after hip fractures. Patients can maintain their independence when administered an osteoporosis prophylaxis during an inpatient stay. It is important to ascertain the dietary state of elderly individuals with hip fractures and make accommodations.

Keywords: Health; Nursing labour force; Gerontological nursing

INTRODUCTION

Malnutrition or the danger of malnutrition is quite prevalent among elderly hospital patients. The World Health Organization describes malnutrition as "deficits, excesses, or imbalances in a person's intake of energy and/or nutrients." It has been demonstrated in several studies that malnutrition increases hospitalisation, the length of hospital stays, and overall mortality. Moreover, it causes muscle wasting, which results in decreased muscular strength and mobility. Along with a rise in handicap comes a decline in quality of life and, as a result, a loss of autonomy. Also, they raise this particular group's mortality rate. Foo and colleagues could offer proof in a comprehensive analysis that malnutrition in patients with a hip fracture is strongly linked to greater mortality month's later as well as functional dependency over a longer time period with a trend to more assisted living arrangements. care facilities. Hence, due to high expenditures and the possibility of overtaxing nursing homes, elderly patients who are malnourished constitute a particularly serious hazard to both the patient and the healthcare system as a whole.

DISCUSSION

This prospective study was carried out in a regional care hospital with a geriatric trauma surgery department between January 2018 and November individuals with a diagnosis of trauma

were admitted during the course of the research. No matter their traumatic or pathological origin, all patients with proximal femoral fractures were invited to take part in this study. The majority of falls in the traumatic aetiology were caused by exterior factors like slipping or tripping or interior factors like fainting. People out of the hospitalised patients could participate in the trial. Despite the loss of research participants during the follow-up, patients men and could still be evaluated for the analysis

Age, sex, American Society of Anaesthesiologists classification, living circumstances, fracture type, preoperative osteoporosis treatment, anticoagulation, and preoperative walking capacity were all noted at the time of inclusion. Both the surgical process and the interval between admission and operation were discovered. In addition to the actual operation, there was a distinction between closed and open procedures. Mortality during the acute inpatient stay as well as days later and a shift in the patient's location were the outcome criteria; the patient's capacity to walk was noted during follow-up days following admission [1].

The body mass index serum albumin level, adjusted calcium levels, vitamin and folic acid levels, as well as the nutritional state of the patients who were included, were examined. The body mass index serum albumin level, adjusted calcium levels, vitamin and folic acid levels, as well as the nutritional state of the patients who were included, were examined. The lower threshold value for

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certain blood parameters was determined by our laboratory using the following parameters: albumin calcium, vitamin, vitamin, and folic acid Nutritionists kept track of the nutritional risk score during the inpatient stay [2].

The impact of hunger on results after an is the study's most crucial discovery. The findings demonstrated a link between greater NRS and increased mortality both during the in-patient stay and at the follow-up 120 days following the event. Moreover, malnutrition makes the elderly patient's independence and mobility worse. When osteoporosis prevention is prescribed, mortality is lower and independence is higher. HF's poses a major risk to the health and independence of elderly and or frail people. It was possible to demonstrate in the current study that over two thirds of the patients who were included experienced worsening mobility, largely due to rollator mobility. Moreover, the quantity of patients [3].

A significant decline in their freedom is caused by the addition of 26 more patients to nursing homes. Due to the fact that some chores can't be completed with a rollator, one's freedom in terms of everyday activities also declines. Our findings agree with Peters et AL thorough.'s literature review they demonstrated that had a detrimental effect on the general health status and health-related quality of life of older patients with a particular focus on the substantial impairment of the physical, psychological, and social facets of health. They demonstrated that there is evidence in the literature that the pre-fracture state appears to have a deleterious influence on physical functioning or nutritional status. Accessing techniques: either averaging normalizing the signal or applying filters to eliminate unwanted signals [4].

According to systematic study, mortality was inversely related to albumin levels. They discovered a relative risk of death associated with hypalbuminaemia in the literature. Our data demonstrate this tendency, with a decreased albumin level associated with odds ratio of mortality at follow-up. Other findings from our study, such as the link between malnutrition and poorer independence and greater mortality, were also supported by this systematic review. According to a clinical trial conducted in Germany, malnutrition has a detrimental effect on a person's ability to restore their pre-malnutrition Barthes index for activities of daily living or their pre-admission mobility level The Brief Nutritional Assessment was used to examine the nutritional status of the patients who were enrolle The Brief Nutritional Assessment was used to examine the nutritional status of the patients who were enrolled. The MNA, as opposed to the NRS employed in this study, also contains measures of anthropometric data, which may provide a fuller picture of the overall condition of the elderly patient since it includes information on the patient's muscle mass and strength in relation to their deterioration The NRS in conjunction with sarcopenia screening was utilised by us, and it largely verified the malnutrition with likely sarcopenia In the research by of the patients were either malnourished or at danger of malnutrition. This demonstrates the same pattern as our study, which found that over half of all elderly patients are malnourished. It was determined [5].

CONCLUSION

Our study's short follow-up time of only days is one of its limitations. The stated outcomes in terms of mobility and, to a lesser extent, independence may be worse after 6 months or even longer of rehabilitation, as Peeters et al. shown in their systematic review that the health condition of the older patient following an HF improved within the first 6 months. The one dietary supplement that was only sporadically delivered is another drawback of our trial. A randomised controlled research with or without a nutritional supplement is now being prepared to assess the results of proximal femur fracture in older patients. Moreover, confounding diagnoses that can have an impact on the nutritional status and prognosis following treatment, such as diabetes or chronic obstructive pulmonary disease, were not documented. More high-quality randomised controlled studies are required to show that nutritional supplementation reduces geriatric patients' malnutrition and, therefore, their mortality risk. The nutritional risk score and blood test characteristics indicate that geriatric patients with malnutrition are more likely to pass away during the first days of receiving surgical therapy for an HF. Taking the necessary efforts to enhance the elderly patient's nutritional condition should be taken into consideration, even if this study was unable to demonstrate that dietary supplements would improve the result. The recommendation of osteoporosis prevention remains independent and has to be made often.

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CONFLICT OF INTEREST

None.

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