Comprehensive geriatric care for patients with hip fractures

Most patients with hip fractures are characterised by older age (>70 years), frailty, and functional deterioration, and their long-term outcomes are poor with increased costs. This report concerns a randomised control trial which compares the effectiveness and cost-effectiveness of giving these patients comprehensive geriatric care in a dedicated geriatric ward versus the usual orthopaedic care.

397 home-dwelling patients with hip fractures, aged 70 years or older, were randomised in the emergency department—to either comprehensive geriatric care or orthopaedic care. The primary outcome was mobility at 4 months after surgery for the fracture. The comprehensive care cohort had a significant improvement in mobility at 4 months. The authors note that the trial was not powered enough to show differences in costs.

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Intensive diabetes therapy and ocular surgery in type 1 diabetes

Diabetes can cause vision loss by promoting sight-threatening conditions such as severe retinopathy, cataracts, and glaucoma. Although ocular surgery may preserve vision—or prevent loss of vision—in these patients, the question asked in this study is whether intensive therapy may reduce the need for such surgery.

The Diabetes Control and Complications Trial (DCCT) showed a beneficial effect of 6.5 years of intensive glycemic control on retinopathy in patients with type 1 diabetes. The DCCT now report an extended follow-up (median 23 years), comparing the need for ocular surgery in the intensive and conventional treatment groups. They report a substantial benefit in the intensive cohort. There was a 48% reduction in the risk of any diabetes-related ocular surgery in the intensive glycemic control group. The costs of surgery were 32% lower in this group.


Primary prevention with lipid-lowering drugs and long-term risk of vascular events in older people

Results from clinical trials show beneficial effects of lipid-lowering drugs in the primary or secondary prevention of coronary heart disease and stroke in people aged 50-70 years. This population-based cohort study reviews the association between use of lipid-lowering drugs (statin or fibrate) in older people with no known history of vascular events and long-term risk of coronary heart disease and stroke.

7,484 men and women (63%) with a mean age of 73.9 years and no history of vascular events were followed for a mean follow-up of 9.1 years. The findings were that use of statins or fibrates was associated with a 30% decrease in the incidence of stroke but had no effect on coronary heart disease.

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**URL:**