

Cemented hemiarthroplasty for hip fracture improves QOL for those 60 and older

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(HealthDay)—The difference in health-related quality of life is modestly

improved and statistically significant for patients aged 60 years or older with an intracapsular hip fracture who receive a cemented versus an uncemented hemiarthroplasty, according to a study published in the Feb. 10 issue of the *New England Journal of Medicine*.

Miguel A. Fernandez, Ph.D., from the University of Oxford in the United Kingdom, and colleagues conducted a multicenter trial comparing cemented and uncemented hemiarthroplasty in patients aged 60 years or older with an intracapsular hip fracture (610 and 615 patients, respectively). Health-related quality of life measured with the use of utility scores on the EuroQol Group 5-Dimension (EQ-5D) questionnaire at four months after randomization was assessed as the primary outcome.

The researchers found that the mean EQ-5D utility scores were 0.371 and 0.315 for patients assigned to the cemented and uncemented groups, respectively (adjusted difference, 0.055; 95% confidence interval, 0.009 to 0.101; $P = 0.02$). The between-group difference was similar at one month and four months, but the difference was smaller at 12 months than at four months.

Mortality at 12 months was 23.9 and 27.8% in the cemented and uncemented groups, respectively (odds ratio for death, 0.80; 95% confidence interval, 0.62 to 1.05). Periprosthetic fractures occurred in 0.5 and 2.1% of the cemented and uncemented group participants, respectively (odds ratio [uncemented versus cemented], 4.37; 95% confidence interval, 1.19 to 24.00).

"Modern cemented hemiarthroplasty for hip fracture, as compared with uncemented [hemiarthroplasty](#), will lead to modestly better health-related quality of life and fewer periprosthetic [fractures](#)," write the authors of an accompanying editorial.

More information: Miguel A. Fernandez et al, Cemented or Uncemented Hemiarthroplasty for Intracapsular Hip Fracture, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMoa2108337](https://doi.org/10.1056/NEJMoa2108337)

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