

Falls now the most common type of major trauma in England and Wales report reveals

April 6 2017, by Amy Pullan

Falls from a standing height are now the most common cause of major trauma, the first national report on major injury in older people has revealed.

The 10-year report, based on 8,176 injured patients aged 60 years and above in England and Wales, shows that the typical severely injured patient isn't the traditional young male injured in a road traffic incident, but is an older patient injured as a result of falling.

The report launched by the Trauma Audit and Research Network (TARN), including researchers from the University of Sheffield, found older injured patients may be at a disadvantage in terms of receiving optimal care.

The findings show [older people](#) with major [injury](#) are less likely than younger adults to be taken directly to a major trauma centre for specialist treatment - due to the challenges of reliably identifying major injury in older people at the scene.

Fiona Lecky, Professor of Emergency Medicine at the University of Sheffield, said: "The new NHS England Major Trauma Networks are having to adapt to this unexpected and increasing public health problem of major injuries sustained by older people in the home.

"There is an urgent need for prevention programmes to tackle this growing problem and for research to improve our understanding of how

to best manage the complex challenges of major trauma in older people."

The traditional belief is that [older patients](#) are more likely to injure themselves during winter; however the report dispels this myth and shows little difference in the number of hospital admissions in older people with major trauma.

This can be largely attributed to falls in the home which are the predominant cause of major injury in [older adults](#).

Tim Coats, Professor of Emergency Medicine at the University of Leicester, said: "This important report highlights that there is a previously under-recognised role for Trauma Units across the UK in the identification and management of major trauma in older people.

"We need to re-think the organisation and training within trauma systems and realise that there are two distinct forms of major trauma, so that we can individualise and optimise treatment."

Once an older major trauma patient arrives at hospital for the treatment of their injuries, the report also reveals that they are less likely to be seen by a Consultant in the Emergency Department than a younger adult.

Dr Mark Baxter, Consultant Orthogeriatrician at University Hospital Southampton NHS Foundation Trust, said: "The [report](#) makes it clear that there is a change in the nature of patients who suffer from [major trauma](#) and we need to adapt to this new reality.

"Older people, often with frailty, present a specific challenge to the trauma centres as they are more likely to have other, co-existing, illnesses which require a different response with specialists in care of older people involved in their care from the outset."

As well as monitoring the standards of care across [trauma](#) receiving hospitals, TARN has started to collect Patient Reported Outcomes (PROMs) across Major Trauma Centres in England.

Antoinette Edwards, Executive Director based at The University of Manchester, said: "From the data gathered so far, it would seem that older patients are more likely to tell us how they are feeling after their injury.

"PROMs is a great opportunity for us measure long term outcomes and help us to improve our understanding on how major injury has impacted not just on the [patients'](#) health but also their everyday routines."

Provided by University of Sheffield

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