

*National Clinical Guideline Centre for Acute and Chronic
Conditions*

HIP FRACTURE GUIDELINE

4th Guideline Development Group Meeting

**Tuesday 8th December 2009, 10.30 – 16.00
NCGC Office Euston Road, London**

Minutes of the meeting

Present:

GDG members: Professor Cameron Swift (CGS), Dr Antony Johansen (AJ), Mr Tim Chesser (TC), Mr Bob Handley (BH), Ms Karen Hertz (KH), Mrs Heather Towndrow (HT), Ms Tessa Somerville (TS), Mr. Martin Wiese (MW), Professor Sallie Lamb (SL) and Professor Opinder Sahota (OS), Dr Sally Hope (SH).

NCGC Saoussen Ftouh (SF), Elisabetta Fenu (EF), Carlos Sharpin (CS), Sarah Riley (SR), Jenny Hill (JH, afternoon session).

Apologies: Mr Anthony Field (AF) and Dr Richard Griffiths (RG) and Joanna Ashe (JA).

Agenda Item

Discussion/Outcome

1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests

CGS welcomed everyone to the 4th Hip Fracture GDG meeting.

Apologies:

CGS noted apologies from AF and RG.

Minutes:

The minutes of the last meeting were agreed as being accurate.

Declarations of interest (DOI):

Mr Tim Chesser – travel and accommodation funded by the Orthopaedic Trauma Association in the US to present a poster on outcomes in Pelvic Fractures at an Experts in Pelvic Trauma meeting (sponsored by Stryker Trauma).

Miss Karen Hertz- funding for flights and accommodation by a Chinese university to attend a conference in Hong Kong.

There were no other changes in GDG members' and NCGC staff's DOIs since the last meeting.

No actions were taken following these declarations and none of the GDG members needed to withdraw from discussions as a result of conflicting interests.

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Agenda Item

Discussion/Outcome

2. Early vs late surgery (Sarah Riley and Antonia Morga)

SR presented the evidence on early versus late surgery. 18 observational studies had been identified and only 6 studies where the authors had adjusted for co-morbidities had been included.

AM presented the economic evidence relating to this topic. Only 1 study had been included but this study had potentially serious limitations and limited applicability. The GDG suggested including the Sprague 2004 paper which was initially excluded because it looked at surgery within 48 hours from the time of the fracture rather than time of admission.

Actions:

NCGC team to:

- **Explore ways of potentially pooling the data from the observational studies identified in the clinical review.**
- **Provide a list of excluded papers**
- **Check whether the Charlson index includes neurological conditions such as Parkinson's and stroke.**
- **Check whether anticoagulation was considered as a comorbidity.**
- **Include the Sprague 2004 paper in the economic review.**

3. Overview of multidisciplinary rehabilitation for hip fracture patients (Prof. Cameron Swift)

CGS highlighted the main issues that arose at the previous meeting and reminded the GDG of the agreed definitions and clinical questions on which the review of the evidence on multidisciplinary rehabilitation (MDR) will be based.

4. An introduction to Orthogeriatric care and rehabilitation for hip fracture patients (Prof. Opinder Sahota)

OS gave an introductory presentation on multidisciplinary rehabilitation for hip fracture patients where he gave an overview of the various rehabilitation strategies. He also highlighted the challenges of delivering these rehabilitation programmes.

5. Involvement of a physician/ orthogeriatrician (Sarah Riley and Antonia Morga)

SR presented the results of the evidence review on involvement of an orthogeriatrician in the care of hip fracture patients. Only 1 RCT had been identified. The GDG discussed whether observational studies relating to this question should also be reviewed.

AJ suggested looking at the role of orthogeriatrics as a whole rather than just focussing on the role of the orthogeriatrician. He also suggested reconsidering the study by Siegmeth 2005 which had been excluded.

Actions:

NCGC to reconsider the Siegmeth 2005

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<u>Agenda Item</u>	<u>Discussion/Outcome</u>
6. Multidisciplinary rehabilitation (Carlos Sharpin and Antonia Morga)	<p>CS presented the evidence on MDR which was based on a Cochrane review by Handoll et al 2009. He highlighted the difficulty in classifying the various rehabilitation strategies and that input from the GDG was required to further analyse the RCTs that had been identified.</p> <p>AM presented the economic evidence on hospital and community MDR.</p> <p><u>Actions:</u></p> <p>AJ to help the NCGC team classify the rehabilitation strategies described in the retrieved studies.</p>
7. Discussion: Multidisciplinary rehabilitation- The next steps (All)	<p>This was discussed within the previous agenda items.</p>
10. Any other business, close and date of next meeting –	<p>There was no other business to discuss.</p> <p>CGS closed the meeting and thanked everyone for attending</p> <p>Date of next meeting is Monday 14th December, at the NCGC office (Euston Road)</p>