

Life after hip fracture

**Impact of home rehabilitation versus conventional care
and patients' experiences of the recovery process
in a short- and long-term perspective**

Akademisk avhandling

För avläggande av medicine doktorsexamen
vid Sahlgrenska akademien vid Göteborgs universitet.

Avhandlingen kommer att offentligens försvaras
i hörsalen Arvid Carlsson, Academicum, Medicinargatan 3
Fredag 17 oktober kl 13.00

Av

Lena Zidén

Fakultetsopponent:
Docent leg sjukgymnast Lillemor Lundin-Ohlsson
Umeå universitet

Avhandlingen baseras på följande delarbeten:

- I. Zidén L, Frändin K, Kreuter M. Home rehabilitation after hip fracture. A randomized controlled study on balance confidence, physical function and everyday activities one month after discharge. Accepted for publication 2008 in Clinical Rehabilitation.
- II. Zidén L, Wenestam CG, Hansson Scherman M. A life-breaking event: early experiences of the consequences of a hip fracture for elderly people. Clin Rehabil 2008;22:801-11.
- III. Zidén L, Kreuter M, Frändin K. Long-term effects of home rehabilitation after hip fracture on functioning, balance confidence, and health-related quality of life in elderly persons. Manuscript submitted.
- IV. Zidén L, Hansson Scherman M, Wenestam CG. The crack remains – elderly people's experiences of a hip fracture one year after the injury. Manuscript submitted.



UNIVERSITY OF GOTHENBURG

ABSTRACT

Aim: In a short- and long-term perspective compare a geriatric home rehabilitation programme (HR) for patients with hip fracture with conventional care (CC), and to capture the patients experience of the consequences of the injury and their conceptions of what influences the recovery process.

Method: The thesis is based on two quantitative and two qualitative studies. The two quantitative studies were randomized and controlled, longitudinal intervention studies in which 102 community-dwelling elderly patients who had received either HR (n = 48) or CC (n = 54) were followed for one year after discharge. The HR programme, which started immediately after admission to hospital, included active participation from patients in setting goals and planning discharge. The programme was focused on encouraging the participants' self-efficacy and exercising daily activities. Assessment of balance confidence, degree of independence and frequency of daily activities, health-related quality of life, mood, perceived recovery, and basic physical performance were made one month, six months and one year after hospital discharge. In the qualitative, phenomenographic studies 18 patients were interviewed one month and one year after discharge about how they experienced the consequences of the hip fracture and their conceptions of the recovery process.

Results: The main recovery for all participants took place during the first six months after discharge. The results show that those who had participated in the HR programme recovered faster than those who had received CC. Additionally, in a longer perspective they were more confident and independent than the CC group, although the differences between the groups had diminished at one year. Only 14 persons in the HR group and five persons in the CC group considered themselves fully recovered after one year. The results from the interviews showed that the hip fracture caused social and existential cracks in the individuals' lives. The hip fracture came unexpectedly and resulted in an experience of a changed body and a more restricted life. The interviewees experienced that they had increased difficulties to move and to manage independently. One reaction was that their pre-fracture self-view as being healthy and stable had been punctured by the injury. Although positive experiences, such as being satisfied with the recovery, were also expressed, many of the negative consequences remained or had even deepened one year after discharge. A dominating experience was that they were more cautious, afraid of further falls, and felt more sedentary and isolated than before the fracture.

Conclusions: The results show that the negative consequences of a hip fracture are substantial and long-lasting. However, the HR programme had a more significant impact than CC on the participants' functioning and confidence, which was most evident in the early phase of the recovery. An essential task for health care should be to create continued possibilities for rehabilitation after discharge from hospital also in a longer perspective, and not primarily focus on the medical and physical needs. The patients' experiences and psychological reactions that may follow a hip fracture should also be considered.

Key words: Hip fracture, recovery, home rehabilitation, RCT, longitudinal, interviews, phenomenography, balance confidence, independence, supported discharge