

Hip fracture in Latin America. Is it approaching the European experience of recent years?

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The fracture of the proximal extremity of the femur, better known as hip fracture (HF), is a fragility or osteoporotic fracture that has some peculiarities that make it unique. On the one hand, due to its potential severity. In western countries, HF occurs mainly in the elderly, with an average age of 80 years, who present significant comorbidity¹ and require hospital admission and surgical intervention, since patients who are not operated on have a higher mortality rate². All this conditions the existence of an important mortality, as has recently been confirmed in several studies carried out in Spain^{1,3,4}. On the other hand, HF presents a different clinical behavior between men and women. Thus, although fragility fractures are generally more frequent in women, in the case of HF, in the most advanced age groups, the incidence becomes almost the same between both sexes and in some cases greater among men⁵, mortality being greater among them⁶. This has also been observed in other European countries in our environment. In a study conducted in the Picardy region in France, mortality in the acute phase, immediately after the fracture, was reported to be 8.1% in women and 10.2% in men. At 2 years, male/female mortality showed a ratio of 1.94/1⁷.

Another peculiarity of HF is that its presence as a clinical antecedent significantly increases mortality in patients who suffer a second heart attack. Thus, in the EPIDOS study, conducted in France, in the acute phase of hospital admission, mortality for women was reportedly 112.4 per 1,000 women and year, whereas mortality had not previously suffered the same fracture. it was noticeably lower, 27.3 per 1,000 people and year⁸.

Several studies carried out both in Spain and in other European countries have shown a tendency to stabilize the incidence of heart failure and even to decrease it⁹⁻¹³. But we must also be taken into account that, although incidence may decrease in absolute numbers, the number of fractures has

increased, probably due to the aging of the population. For example, in Gran Canaria, comparing the incidence of HF cases in a period of 5 years separated by 20 years from each other, although the overall incidence showed a tendency to decrease, the number of fractures doubled in this period of time⁵. However, in other regions of Spain the exact opposite has been described: an increase in the incidence of HF¹⁴.

Given HF's peculiarities in our environment, it is interesting to observe its behavior in other populations, its similarities and differences with Spain, as in the case of Latin America. In this issue, López Gavilánez et al.¹⁵ publish data on HF epidemiology in Ecuador, after collecting cases of this fracture after a thorough search. Their data are similar to those published in Spain a few years ago. Ecuador, like all of Latin America, is seeing an increase in life expectancy and it is precisely in these countries that a change in the population pyramid is taking place, with an increase in the elderly population, where an increase in HF incidence is expected in the coming years, as happened in Europe around 30 years ago¹¹. Perhaps the observation of our experience and evolution in recent years, both in the acquisition of preventive and therapeutic measures and epidemiological studies that have been carried out here, may serve Latin American countries to slow down, in a shorter period, the foreseeable and feared increase of HF incidence, as we have achieved on this side of the Atlantic over three decades.

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