



Letter to the Editor Regarding “Hip Fracture Care in Parkinson Disease: A Retrospective Analysis of 1,239 Patients”

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Xinxing Fei¹, and Yue Hu² 

Letter to the editor

Fernando A. Huyke-Hernández et al¹ recently published “Hip Fracture Care in Parkinson Disease: A Retrospective Analysis of 1239 Patients” in *Geriatric Orthopaedic Surgery and Rehabilitation*, which has aroused our interest. The authors focus on the importance of bone health variables such as osteoporosis and osteopenia in the care of hip fractures in patients with Parkinson’s disease (PD). In addition, they point out that PD patients need to be discharged to a higher level of nursing environment, and early multidisciplinary cooperation is necessary. We very much agree with these views.

In fact, psychiatrists and rehabilitation physicians are also important members of the multidisciplinary cooperation team in China. Clinically, we also take multidisciplinary cooperation in the care of PD patients. Based on the existing evidence of relevant studies and our clinical experience, we believe that the prevention and early intervention of delirium should not be ignored in PD patients who need hip surgery.² This is something that is not emphasized in this study, but should be paid attention to as a health care provider.

Of note, early orthopedic surgery in patients with hip fracture can effectively improve their activities of daily living, and is beneficial to long-term pain control and reduction of mortality. However, the incidence of post-operative delirium is high, and PD has been proved to be 1 of the risk factors, which also puts forward higher requirements for clinical care for patients.³ More importantly, the occurrence of delirium will seriously affect the prognosis of patients.⁴ And the identification of delirium as early as possible can reduce the burden of family and society to a certain extent. Here, we recommend and hope

that “Confusion Assessment Method for the Intensive Care Unit (CAM-ICU)” and “Nursing Delirium Screening Scale (Nu-DESC)” can be used clinically, which will help health care providers to complete the early identification of delirium within 5 minutes.^{5,6}

Taken together, we strongly agree that attention should be paid to bone health screening and follow-up in patients with PD in the future. Because the prevention of fracture is the top priority of the care strategy for PD patients. However, we also appeal that the early identification of delirium can also become a key link in clinical care after the inevitable hip fracture.

Declaration of Conflicting Interests

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¹Department of Psychiatry, Chengdu Eighth People’s Hospital (Geriatric Hospital of Chengdu Medical College), Chengdu, China.

²Department of Rehabilitation Medicine, The Affiliated Hospital of Southwest Medical University, Luzhou, China.

Corresponding Author:

Yue Hu, Department of Rehabilitation Medicine, The Affiliated Hospital of Southwest Medical University, 25 Taiping Street, Luzhou 646000, China.

Email: huyue@swmu.edu.cn



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Availability of Data and Materials

All data analyzed during this study are included in this manuscript.

ORCID iD

Yue Hu  <https://orcid.org/0000-0002-5492-3244>

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