



Comments on the Article “Orthopedic Patients with Mental Disorder: Literature Review on Preoperative and Postoperative Precautions”: To the Editor

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To the Editor:

Preexisting mental illness has posed a variety of challenges in surgical management amongst all surgical specialties, with orthopedics being no exception. As seen in the article, “Orthopedic patients with mental disorder: literature review on preoperative and postoperative precautions” by Yoo et al.,¹⁾ the nature of these challenges is heavily impacted by the specific nature of the mental illness and the orthopedic sequelae and/or interventions. Given the broad spectrum of mental illnesses and orthopedic conditions, it is important that a review explored overarching themes in the current literature. However, as the movement towards awareness continues, it is important that specific populations be examined, specifically the subpopulation of intentional fallers.

As briefly mentioned in the section, “Pre-injury mental disorders,” falls account for the largest portion of injuries in people with mental disorders. Since the coronavirus disease 2019 (COVID-19) pandemic, it was found in London that the proportion of patients with both a fracture and psychiatric illness has more than doubled, while the number of patients presenting due to a traumatic suicide attempt has more than tripled.²⁾ Additionally, as mentioned by Yoo et al.,¹⁾ the nature of these injuries tends to be more severe and is associated with more complications. In a study conducted by Giordano et al.,³⁾ all patients who acquired > 3 skeletal injuries post-fall experienced complications, with acute infection occurring in over half of those who survived.

Given the severity and complicated clinical course associated with these falls, a universal prevention strategy would be ideal. However, it is difficult to establish a universal profile of intentional fallers due to inconsistencies in the literature. While the article by Yoo et al.¹⁾ states that most suicide attempt survivors primarily had a prior diag-

nosis of depression, other studies have noted that schizophrenia could be the predominant illness.⁴⁻⁶⁾ In another study, prior diagnosis of a personality disorder was shown to be more notable than depression in intentional fallers.⁷⁾ Therefore, it cannot be concluded that a specific mental illness will predict that one will seek to intentionally fall.

This makes it necessary that other social factors be examined, as differences in regional policies and infrastructure have been shown to influence the rate of intentional falls. For example, in the United States, firearms are the most common method of enacting suicide.⁸⁾ However, in South Korea, jumping from heights has been the most utilized method of suicide amongst children and adolescents.⁹⁾ The reason for this likely lies in the differing national policies towards firearms. Additionally, living in an urban area with high-rise buildings has been correlated with a higher number of intentional fallers, making local infrastructure an important factor to consider when discussing prevention strategies.¹⁰⁾

Unfortunately, since not all intentional falls can be prevented, it is necessary that the orthopedic and psychiatric community examine optimal recovery strategies. Currently, recommendations that specifically address how to approach the recovery process in intentional fallers are scant. While a multidisciplinary approach is generally recommended across the board, the severity of these individuals’ mental illness and injuries requires that new and more involved interventions be discussed to prevent further long-term complications. The marked, continuous decline in the quality of life of patients with orthopedic trauma and concurrent mental illness, as discussed in the section “Post-injury mental disorders,” makes this point especially relevant.

Overall, we believe that this article should merely be the beginning of an ongoing discussion to address mental

illness in orthopedic patients. Specifically, we believe that addressing prevention and management of intentional orthopedic trauma secondary to mental illness is worth further exploration.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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Received October 19, 2023; Accepted December 12, 2023

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<https://doi.org/10.4055/ecios23323>

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