



Letter to the Editor

Author's reply to 'Letter to the Editor: Use of Almelo Hip Fracture Score to predict early mortality following hip fracture surgery'


We thank Fu-Shan Xue et al. for their valuable comments in the 'Letter to Editor' [1], written in response to our original article concerning the Almelo Hip Fracture Score [2]. In this reply we would like to clarify several issues appointed in their article.

Hip fractures are common in elderly patients. Their unfavorable patients profile with comorbidity, frailty and polypharmacy indicate that the treatment is complex. Also, it is known that the risk on developing postoperative severe complications and mortality is high after hip fracture surgery [3]. However, the aim of this study was not to describe and analyze postoperative complications.

We acknowledge the importance of mobility disability among patients with hip fractures. Numerous previous studies have reported poor pre-fracture mobility as predictor for mortality after hip fracture surgery [4–6]. However in contrast to what Fu-Shan Xue et al. suggest in their Letter to the Editor, the Almelo Hip Fracture Score (AHFS) does include preoperative mobility disability. In the AHFS the preoperative functional status of patients is scored by the Parker Mobility Score (PMS) [7].

The PMS, also called the New Mobility Score, was built in 1993 on 882 patients with a proximal femoral fracture and is known as a score with an high inter-tester reliability [8]. The composite score measures the mobility level before fracture, based on the patient's ability to perform indoor walking, outdoor walking and shopping before the hip fracture. Per item patients score 0 (not at all) to 3 (no difficulty) points, with a total score ranging from 0 (no walking ability) to 9 (fully independent walking ability) [7]. Patients with a PMS of 5 or less, score 2 points on the AHFS, which increases the risk of early mortality following hip fracture surgery [2].

Besides that, we also agree that intraoperative and postoperative factors are affecting the risk of early postoperative mortality. Multiple studies have shown that for instance time till surgery, postoperative anemia and various complications are independent predictors of postoperative mortality after hip surgery [9–12]. However, the AHFS is a preoperative score system for identification of patients at high risk of early mortality. Based on the risk group, the patient can be informed correctly about the prognosis and the appropriate clinical pathway at the beginning of the treatment, in which for instance a higher level of care and discussing end-of-life care could be implemented. For this purpose, perioperative or postoperative risk factors aren't suitable.

In conclusion, we agree with several points made in their response, however they are not applicable to our original article. We appreciate the suggestions and thank Fu-Shan Xue et al. for their interest in our work.

Conflict of interest

All authors disclose any financial and personal relationships with other people, or organisations, that inappropriately influenced (bias) their work, all within 3 years of the beginning the work submitted.

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