IMPACT OF GENDER ON EARLY MEDICAL COMPLICATIONS AND MORTALITY AFTER HIP FRACTURE IN ELDERLY PATIENTS

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Introduction. Hip fractures are associated with high morbidity and mortality in older adults. While gender disparities are suggested in the literature, specific differences in early medical complications and mortality remain a subject of investigation.

Objectives. To analyze gender impact on comorbidities, complications, and 3-month mortality in orthogeriatric patients.

Materials and Methods. Observational study on 382 consecutive patients (mean age 84.7 ± 7.8 years; 75.4% women) admitted to the Orthogeriatric Unit of Baggiovara Civil Hospital between January 1st and December 30th, 2024. All patients underwent a Comprehensive Geriatric Assessment (CGA). Clinical, biochemical, and functional variables were analyzed. Multivariate analysis (logistic regression) was performed to identify predictors of 3-month mortality.

Results. Men had a significantly higher comorbidity burden (CIRS-com: 4.35 vs 3.72; p=0.002). Women showed poorer nutritional status (MNA: 9.2 vs 10.3; p=0.001). Surprisingly, no significant gender differences were observed in terms of sarcopenia (SARC-F: 4.92 vs 5.31; p=0.223). During hospitalization, men experienced significantly higher rates of delirium (43.5% vs 27.0%; p=0.003), perioperative infections (44% vs 31.6%; p=0.031), and thromboembolic events (DVT 4.3% vs 0.4%; p=0.004). Three-month mortality was significantly higher in men (11.4% vs 2.2%; p=0.029). In the multivariate analysis, after adjusting for age, frailty, delirium, and comorbidities, male sex emerged as the best independent predictor of 3-month mortality (OR 5.27; p=0.083).

Conclusions. Male sex is associated with a five-fold increased risk of medium-term mortality and higher post-operative complications, highlighting the need for early prevention and intensive follow-up in this population.