



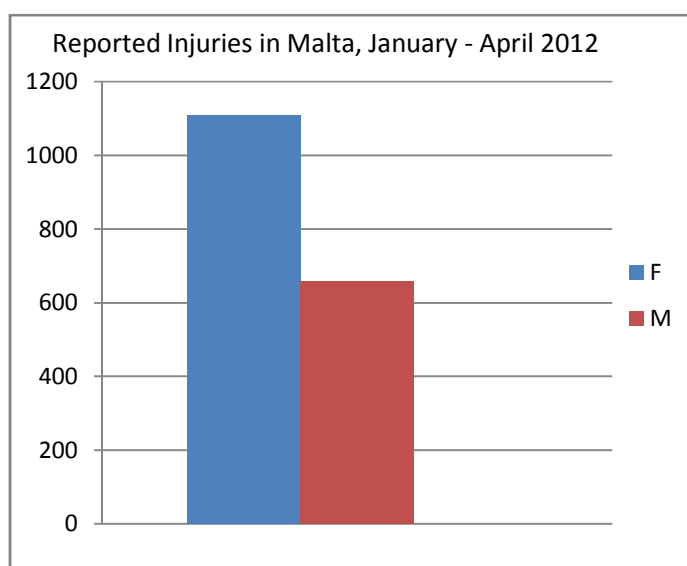
Injuries in the Maltese elderly

Introduction

With the elderly population of Malta maintaining active and independent lives, the necessity to educate these citizens on the importance of home safety is critical. Many preventable injuries are the result of accidents, a high percentage of which occur within the home. The Parliamentary Secretariat for the Elderly launched the Fall Prevention Campaign, and publicised safety tips via a booklet a few years back. In addition, many NGOs and parish groups hold meetings for the purpose of educating the elderly on injury prevention, to a positive reception. With education having been reported as the best means toward increasing safety and the maintenance of a healthy lifestyle, this route is critical for success.

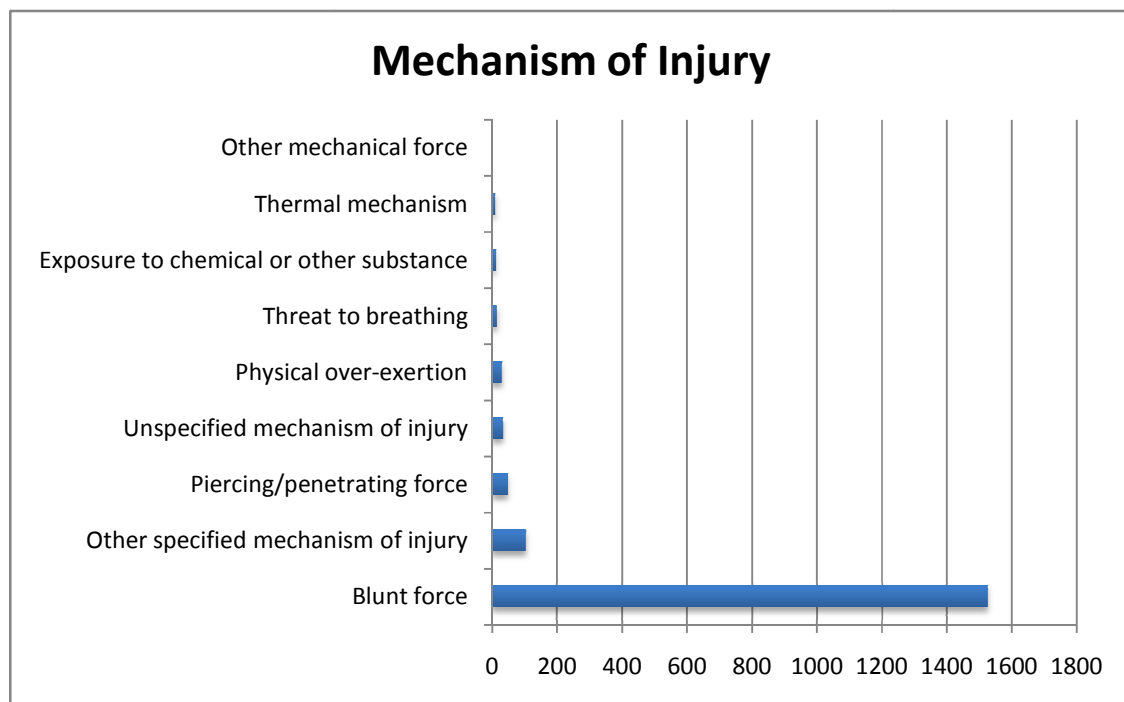
The data in this report was compiled from 2011 National Mortality Register data pertaining to elderly (65+) Maltese citizens who died as a result from injuries, and an Injury Database extract detailing causes, treatments, and outcomes from injuries in the elderly Maltese population presenting in the Accident and Emergency Department, between January and April 2012. Additionally, the World Health Organization (WHO) Health For All database's Standardized Death Rate due to External Cause and Poisoning, which catalogues the post-injury death rates of men and women in both the European Union and Malta alone, was used in this report, specifically the 2010 statistics.

In this report, the elderly population of Malta is defined as persons aged 65 and older. Of the 1,768 injuries reported in 2012 between January and April, 38 cases resulted in fatalities, primarily among citizens in the 75-84 category (14) and the 85-94 category (16), with most deaths occurring in hospital, 10 of 14 and 14 of 16, respectively.



In 2012, more injuries sustained by women (1109 of 1768) than men (659 of 1768) were reported, but the 2010 Standardized Death Rate (SDR) report shows a higher death rate for men in Malta specifically and the European Union collectively (119.24 Malta; 144.2 EU) than for women (46.16 Malta; 79.62 EU). The disparity in injury vs. death can be attributed to a number of factors, including higher longevity rates for women and a high female-to-male ratio in the 65+ bracket.¹ One should also note that the SDR is lower in Malta than the EU average for both genders.

Causes of Injury

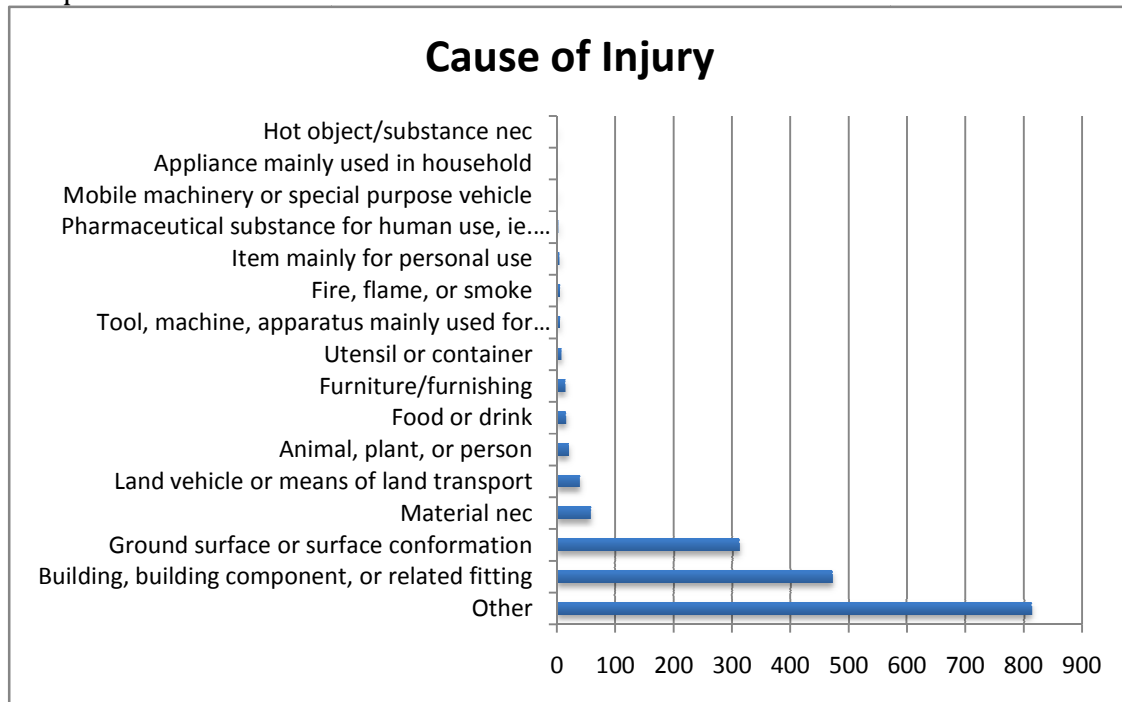


According to an Injury Database extract of injuries sustained between January and April 2012, the most common mechanism for injury is categorised as “blunt force,” which is defined as a “mechanical force to the body by a blunt force, object or instrument...or an injury in which the body strikes a surface such as a wall or the ground, in which the skin was not penetrated.” ²1524 of the 1768 injuries reported were listed as such. A combination of mechanisms listed as “piercing/penetrating forces,” “physical over-exertion,” “threat to breathing,” “exposure to chemical or other substance,” “thermal mechanism,” and “other mechanical force” account for a total of 142 injuries, with “other specified mechanism of injury” counted for 102 cases.

¹ Standardized Death Rate Due to External Cause and Poisoning; WHO Health For All Database

² Consumer Safety Institute. *The Injury Database Coding Manual*. Vol. 1.1 N.p.; 2005, n.d. Print.

The 2012 Injury Database extract lists specific items that cause such “mechanisms for injuries.” While the miscellaneous ‘Other’ group is the highest reported cause of injury, the second highest cause of injury (471 instances in 1768 cases) is classified as “building, building component, or related fitting,” which encompasses items such as doorknobs, walls, and structural features. The third-highest category is “ground surface or surface conformation,” with 312 reported cases, likely stemming from falling accidents onto floors, sidewalks, and streets. The rest of the causative items comprise a total of 201 cases.



The types of injuries most commonly reported suggest that the majority of these accidents occur during daily activities. The most common specific injury recorded is “contusion, bruise,” (326), followed closely by “fracture” (302). There is almost double the amount of women as there are men suffering these accidents.

Treatment

In the immediate following an accident, the correct management for injury is paramount. The Injury Database divides the 1768 cases into four main categories for treatment: patients examined and discharged without treatment; patients treated and then sent home; patients examined, sent home, and referred to outpatient care; and patients examined and admitted to hospital.

Of the 1768 cases were examined, only 21 were sent home without requiring any medical treatment. There were 972 persons treated and then sent home, and 236 patients were sent home and referred to outpatient care, such as their primary care

practitioners, rehabilitation, and physical therapy services. A total of 522 patients were examined, treated, and admitted to hospital for further medical assistance.

January – April 2012 Injury Treatment	
Action	Total
Sent home after treatment	972
Treated and admitted	522
Sent home and referred to out-patients	236
Examined and sent home without treatment	21
Deceased during hospitalisation	9
Other	3
Deceased before arrival/at Emergency Department	2
Unknown	2
Grand Total	1768

The 16 additional cases that were not encompassed by the previous four categories were divided into four more subunits, pertaining to morbidity: 11 patients passed away; 2 cases are unknown, and 3 are listed as “other,” which offers a myriad of possibilities, ranging from refusal of treatment to returning home prior to treatment.

Mortality

In addition to the aforementioned information regarding the 16 additional cases and 11 known deaths in the Injury Database’s 2012 record, the 2011 National Mortality Register of 65+ Maltese citizens who passed away from injury complications lists 38 cases for the whole of 2011. These cases are organized according by age and location of death.

Location	Patient Age				Grand Total
	65-74	75-84	85-94	>95	
Hospital	6	10	14	1	31
On way to hospital	1				1
Outside		1			1
Residential home		3	2		5
Grand Total	7	14	16	1	38

In 2011, a total of 7 Maltese citizens between the ages of 65-74 passed away as a result from injuries: 6 died in the hospital, and 1 died en route to hospital. The mortality burden for the next age bracket, 75-84, was twice that of the younger cohort, with 14 deaths as a result from injuries. 10 died in hospital, and 3 in their residential homes, including private houses and nursing homes. There was also 1 case in the 75-84 bracket that listed the deceased as having passed away “outside,” potentially at the site of the injury, meaning the person had expired immediately.

Among citizens between the ages of 85-94, there were 16 deaths due to injuries. Similar to the 75-84 and 85-94 categories, the greatest amount of deaths occurred during hospitalisation: 14 of the total 16 cases. The other two are documented as having passed away in residential homes. The final category of citizens, >95, follows the trend of the highest number of deaths occurring while in hospital. There is only 1 death in this category, and this expiration is documented as taking place in hospital, but the decline in numbers can be attributed to the rate of longevity among Maltese citizens.

This necessity to clarify statistics to consider age and lifestyle is also supported by the evidence found in the aforementioned WHO Health For All Database, showing how women tend to live longer than men, so increased rate of injury among women is the result of a disparate population.

Conclusion

From the information presented, several conclusions may be drawn. It seems as though Maltese citizens maintain active lives as they age, which is inherently positive. However, more precautions must be taken to maintain the quality of these active lives. Since a very high majority of accidents are categorized as “blunt force,” and the most common mechanisms for injury are “unspecified object/substance,” “buildings, building component, or related fitting,” and “ground surface or surface conformation,” it can be inferred that most of these accidents occur during standard daily activities that take place either inside a house or in a known area.