

Unique Considerations of the Older Adult Trauma Assessment

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Trauma is the fifth leading cause of death among individuals over the age of 65 years, and this population is expected to double by the year 2050. As the number of older adults increase, so will the number of patients in this age group that suffer injury. Older adult trauma assessments are complicated by altered physiology, co-morbidities, and polypharmacy, which eventually alter the utilization of diagnostic studies and subsequent outcomes. As people age, body systems experience a decline in function resulting in slower physiological responses to injury. Preexisting co-morbidities, which are found in approximately 60% of the older adult population, also pose challenges in adult trauma assessments. These preexisting chronic diseases require patients to be on many different medications, including: beta-blockers, anticoagulants and corticosteroids that alter physiologic response to injury and impact medical evaluation. Current knowledge regarding proper assessment of older adults who suffer injury may not be sufficient to maintain functional status and reduce mortality in this population. Older adults run a significant risk of sustaining functional deficits and death from a traumatic event because of physiologic changes that occur with aging and the additional confounders in these patients. This article is to aid healthcare providers in understanding the unique characteristics of older adult trauma patients and point out the need for further research in this area of trauma.

This research is based on a comprehensive literature review of MEDLINE and CINAHL.

The complexities of aging confound the physical examination and triage processes in older adult trauma patients, leading to the improper utilization of diagnostic tools and possible under-treatment. It is speculated that some of this disparity is due to a lack of training in gerontology and underutilization of protocols involving the older adult fall patient. An understanding of the physiological changes of aging, the confounding factors unique to older adults, and the specific injuries associated with older adults is critical in the proper assessment of their injury. To decrease mortality in this population, additional training in gerontology improves outcomes, and thus, will prove necessary in the coming years. More research is needed to provide clear guidelines to be used in older adult patients who sustain traumatic injuries.