

Demographics and trends in patients over 65 years old presenting to a trauma clinic in an oral and maxillofacial surgery department: before and during COVID-19.

M. Hennigan^{1,2}, E Burke^{1,3}

1. Department of Oral and Maxillofacial Surgery, St John's Hospital, Livingston

2. Dental Core Trainee, 3. Consultant Oral and Maxillofacial Surgeon



Introduction

During the COVID-19 pandemic, individuals over the age of 70 in the UK were classified as “clinically vulnerable” and advised by the NHS to only leave home if essential [1]. To accommodate this, St. John's Oral and Maxillofacial (OMFS) department started a telephone clinic alongside an in-person trauma clinic.

With a modern, more active lifestyle, elderly patients are increasingly exposed to the risk of injury [2]. The annual occurrence of falls in people over the age of 65 years is 35-40% [3]. Causative factors such as poor proprioception and impaired reflexes are linked to the occurrence of maxillofacial injuries in the elderly population [4].

This aim of this study was to assess the demographics and trends in patients over the age of 65 attending the OMFS trauma clinic before and during the COVID-19 pandemic.

Method

The studied cohort was the patients over 65 years old attending the trauma clinic in St. John's OMFS Department. Patient records were examined retrospectively for patients who attended the trauma clinics over a six-month period from May 2019 to November 2019, and from March 2020 to September 2020 to assess the utilisation of the OMFS trauma clinic by the elderly population during the COVID-19 pandemic.

Results

Over the six-month period in 2019, 59 patients over the age of 65 attended the OMFS trauma clinics. Over the six-month period in 2020 this decreased to 33 patients. In 2019 64.4% of patients were female and 35.6% male. Similarly in 2020, 63.6% were female and 36.3% male. In 2019, the patient ages ranged from 65 to 93 years, with a mean of 78.3 years. In 2020, the ages ranged from 65 to 90 years with a mean of 76.4 years.

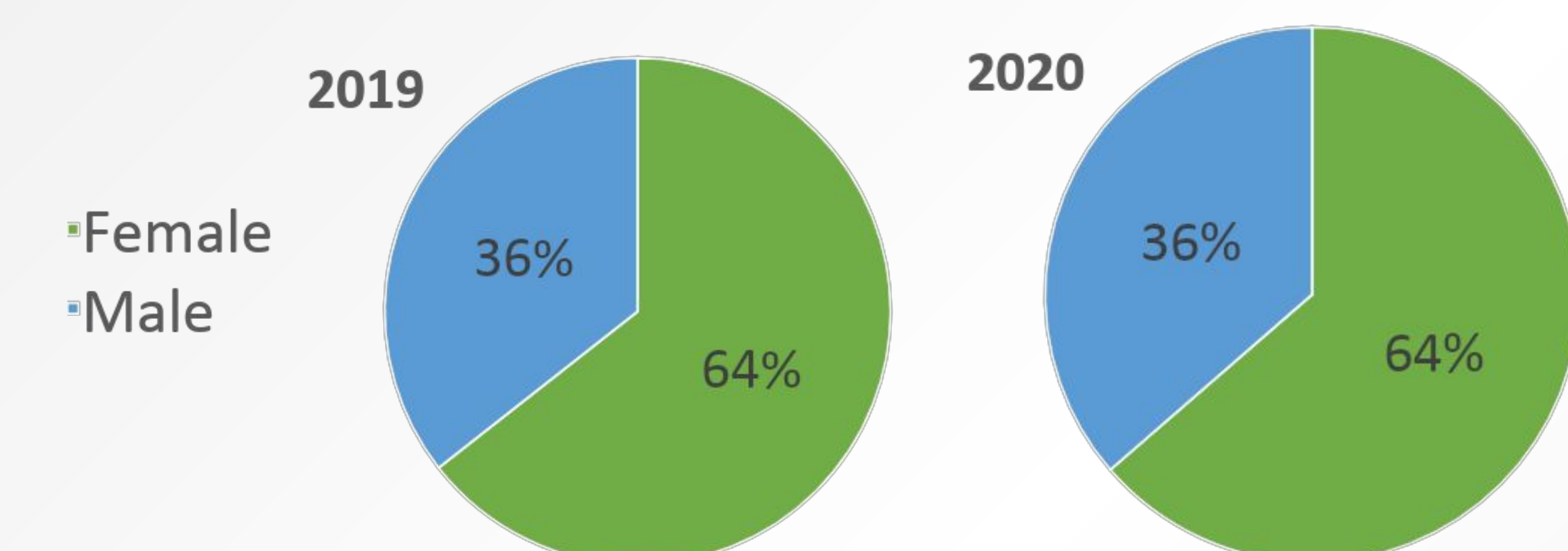


Fig. 1. Patient gender breakdown in 2019 and 2020.

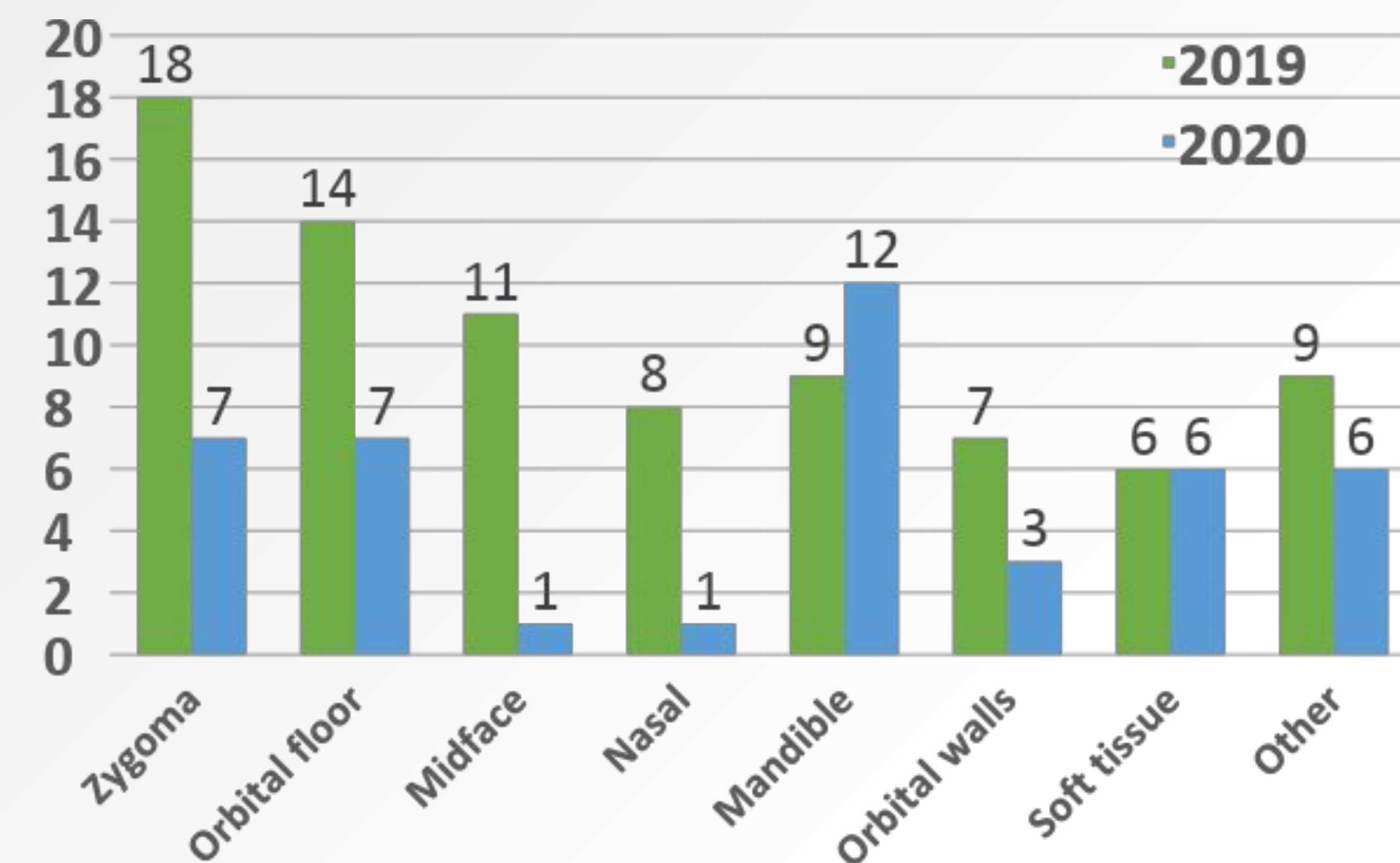


Fig. 2. Breakdown of injuries sustained in 2019 and 2020.

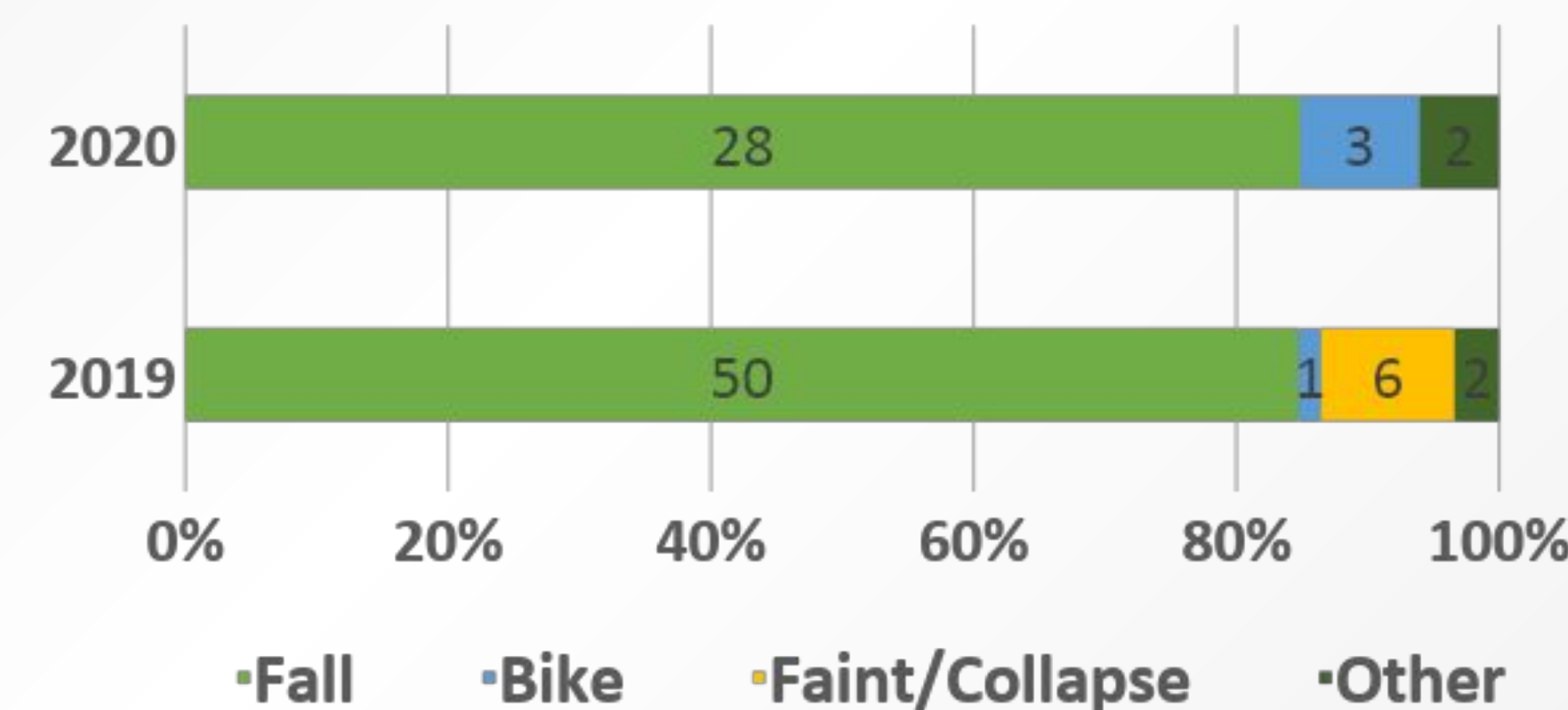


Fig. 3. Mechanisms of injury in 2019 and 2020.

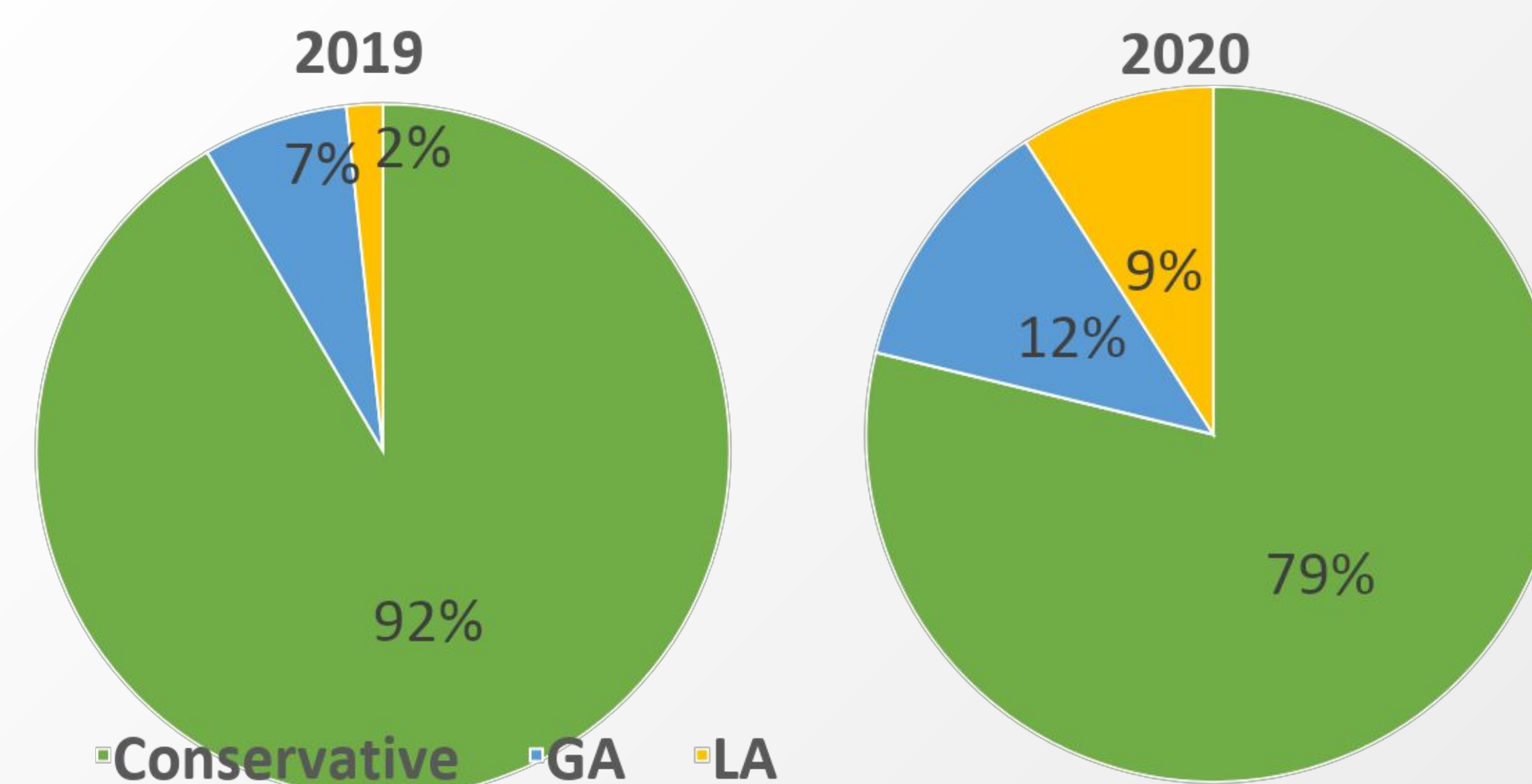


Fig. 4. Treatment modality in 2019 and 2020.

In 2019, there were a total of 82 fractures or soft-tissue injuries reported to the trauma clinic, with zygoma fractures being the most common (22%). In 2020, there were 43 reported fractures or soft tissue injuries, with mandibular fractures occurring most commonly (27.9%). In both years, the most mechanism of injury was a fall (85%).

In both 2019 and 2020, the majority of patients were treated conservatively (91% and 79% respectively). In 2020, the introduction of the telephone trauma clinic reduced the number of patients attending in person, with 30% of patients receiving an initial telephone assessment, and 87.5% of patients who required review appointments receiving appointments by means of telephone rather than face to face.

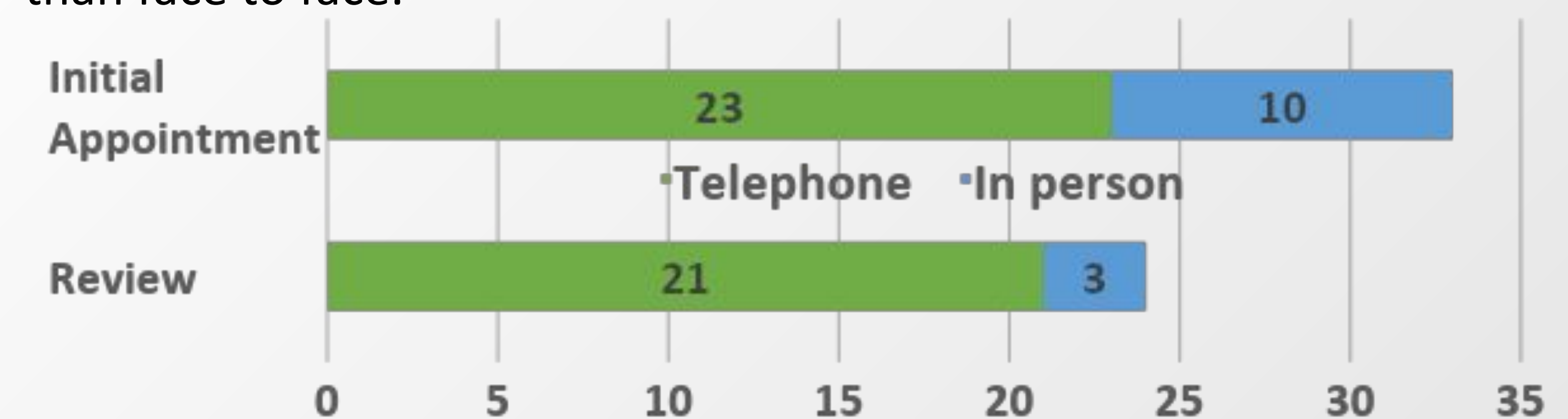


Fig. 5. Usage of telephone trauma clinic in 2020.

Conclusion

The number of patients attending the clinic decreased significantly from 2019 to 2020. It is not known whether this decrease is due to restrictions in movements of elderly patients or lower reporting rates due to COVID-19. However, similarly to 2019, the highest cause of maxillofacial injuries in this cohort in 2020 is falls. This emphasizes the need for targeted prevention programmes for falls in the elderly. Most of the patients have been treated conservatively. Through the COVID-19 pandemic it has been shown that telephone clinics are an effective means of managing the elderly population, if they do not wish to attend for clinical appointments.

References

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