

example, studies using person-linked data may explain our observation of increased rates of injurious falls for older males; certain co-morbidities or underutilisation of interventions may be contributing to increased falls risk for men. Similarly, data-linkage studies may reveal why rates of hip fracture have reduced for community-dwelling older people but not for residents of aged care facilities.

0702 **TRENDS IN HOSPITALISED INJURIES DUE TO FALLS BY OLDER PEOPLE, AUSTRALIA 1999–2007**

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Rates of serious injury due to falls in some Australian jurisdictions appear to have increased over time despite a reduction in the rate of hospitalised hip fracture (eg, Dowling & Finch 2009). The Australian Institute of Health and Welfare's National Injury Surveillance Unit has undertaken analysis of national rates of hospitalised fall injuries for the period 1999–2007 to try to understand this conundrum. Age-standardised rates of hospitalised fall injury cases for Australians aged 65 years and older have increased significantly since 1999. The greatest increases are noted for males, the oldest old (85+ years) and residents of aged care facilities. In contrast, rates of hip fracture due to falls have significantly decreased. Here, the greatest reductions are noted for females, the younger old (65–74 years) and people living independently at home. Our findings confirm differential trends in age-adjusted rates of hospitalised injuries due to falls by older Australians at the national level. The utility of further investigations using only de-identified hospital data is limited however. Future research should utilise Australia's increasing capacity for person-based data linkage. State-based linkage systems are well-placed to generate novel information about falls by older people. For