Method Data Source Victorian Admitted Episodes Dataset (VAED) General case inclusion criteria:

Age 65 years and older

First (left-most) external cause code indicates a fall (W01-W19) AND Primary Diagnosis is injury or poisoning

Cases transferred from another acute care hospital and deaths in hospital were excluded

Analysis Rates were age-adjusted and trends were determined using a log-linear regression model of the rate data assuming a Poisson distribution of cases.

Results Over the decade 1998/1999 to 2007/2008:

falls increased by an estimated 22.5%

hip fractures decreased by an estimated 23.4%

all fractures showed a non-significant downward trend

fractures excluding the hip increased significantly by 12%

pelvic fractures increased significantly by 12% * open wounds (57%), superficial injury (25%), dislocations, sprains, strains (24%) and intracranial injury (106%) all increased significantly.

Discussion The observed decrease in the hip fracture is a welcome development, but caution should be exercised when interpreting/using this finding as it requires further investigation and confirmation. There is some confirmatory evidence from New South Wales, New Zealand and elsewhere where reports indicate that hip fracture hospitalisation rates for persons aged 65 years and over have stabilised, or decreased slightly in some age or gender groups, through the 1990s (Boufous *et al*, 2004; Fielden *et al*, 2001) .

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DOWNWARD TREND IN HIP FRACTURE RATES IN PERSONS AGED 65 YEARS AND OLDER, VICTORIA, AUSTRALIA

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Aim Examine the trend in fall-related hip fracture hospital admission rates among Victorian seniors aged 65 years and older over the decade 1998/9 to 2007/2008.