

Dementia: a risk factor for burns in the elderly

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Background

Older people are disproportionately at risk of burn injury. The impact of dementia on this increased risk has not been previously investigated. This population-based study compared the causes, temporal trends and health outcomes for older people with and without dementia hospitalised for a burn.

Method

Linked hospitalisation and death records for individuals aged 65 years and older admitted to a NSW hospital for a burn injury over the ten year period 2003-2012 were analysed.

Results

Of the 1,535 older people hospitalised for a burn, 11.0% had a record of dementia. Hospitalisation rates for people with dementia were almost double that of those without (23/100,000 vs 12/100,000 population respectively). There was no significant change in rates over time for either people with or without dementia. People with dementia more likely to be admitted with burns to the trunk and have sustained partial or full thickness burns. Over 30% were as a result of hot tap water scalds, and 20% occurred in residential aged care facilities. Mean length of stay was more than double (31.3 vs 13.6 days) and 30-day mortality three times higher (14.7% vs 4.8%) for people with dementia compared to people without. Adjusting for differences in age, sex and comorbidity reduced but did not eliminate these differences.

Conclusion

Although relatively uncommon, burns in people with dementia are significant injuries, which have not decreased over the past ten years despite prevention efforts to reduce burns in the elderly. Targeted prevention education in residential aged care facilities is warranted.

Key Words

Prevention, epidemiology, older people

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