



Burn injury in dementia patients: causes, effects and outcomes

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Background

- Dementia cases are predicted to treble by 2050
- Little is known about the impact of dementia on burns patients in terms of predictors, injury characteristics and global outcomes

Methodology

- Seven years of electronic patient case notes were retrospectively reviewed for data on burn injury patients with dementia

Results

- 24 patients (median age of 79y) were identified
- Average TBSA burn was 3.6%, and 17% of burns were full-thickness
- Mean length of stay was 16 days
- 75% of patients did *not* receive appropriate first aid, and had a delay in presentation
- 54% suffered falls prior to their injury, which was a predictor of contact burns (Fig 1)
- Over 1/3 of patients did not return to their home upon discharge
- 40% of patients required new or increased levels of residential care services (Fig 2)

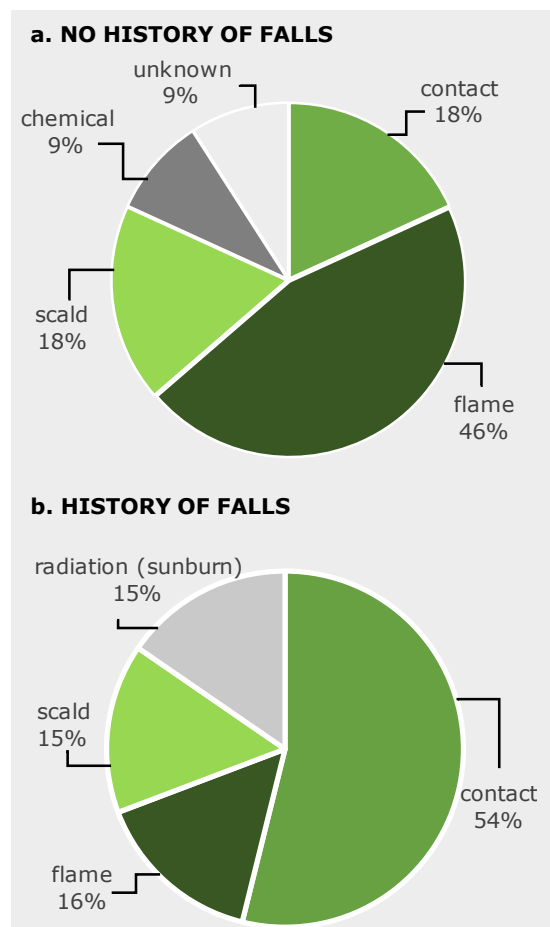


Figure 1. Burn mechanism in dementia patients with **a.** no history of falls and **b.** history of falls

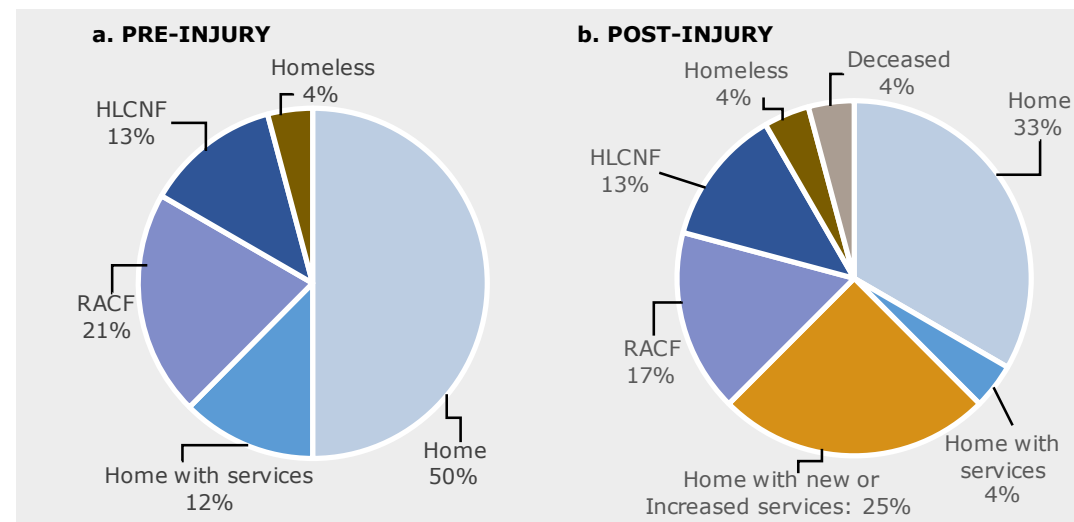


Figure 2. Patient living conditions **a.** pre-injury and **b.** post-injury. (HLCNF – high-level care nursing facility; RACF – residential aged-care facility)

Discussion and Conclusions

- Our data supports current literature: burns patients with dementia have increased length of stay and full-thickness injuries
- In our cohort, poorer first aid, delayed presentation and altered functional outcomes post-injury were present, and a history of falls was significant
- Burns in this population can be a cause or effect of deteriorating function and is a predictor of failing coping mechanisms
- Patient and carer contact with the burns unit provides an opportunity for intervention which can assist and provide support