#924 - Significant Challenges In Everyday Life For Patients Younger Than 60 Years Up To Three Years After Hip Fracture - A Qualitative Investigation

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**Background**

Hip fractures often affect frail elderly after low-energy trauma. In contrast, patients under 60 years who sustain hip fractures are more heterogeneous and may have hormonal deficiency, functional limitations or lifestyle factors is more common. The experiences of sustaining a hip fracture in elderly is well known, but in younger age, the lived experience has not been described. Loss of control, impact on mobility as well as age stigmatization, leaving the person feeling unheard and in need of more support has been suggested (1).

**Objectives**

The aim of this study is to illuminate the lived experience of the path of recovery in young and middle-aged adults sustaining a hip-fracture in order to guide future healthcare services.

**Study Design & Methods**

A qualitative study design using a phenomenological hermeneutical method inspired by Paul Ricoeur’s philosophy of interpretation (2), in order to describe the understanding of the expressed essential meaning. Narrative interviews were conducted involving 19 patients < 60 years at a time from 0.7 to 3.5 years after the hip fracture. Participants were purposively sampled from a multi-centre study. Lived experience refers to how something is directly experienced, not only ascertain or register but actively participate in what is perceived and experienced (2).

**Results**

The informants describe that a hip fracture in younger years implies a sentiment of becoming old, from one day to another. A feeling of the body being feebler than before and being looked upon as a person with a sudden progressive symptom burden by employees and colleges, insinuating a potential decline in work capacity. Accounts of being neglected and marginalized when articulating fears, being forced to become one’s own health advocate in a non-receptive and routine driven healthcare system guided by the well-established notion that incurring a hip fracture affects mostly elderly. Equally, it was experienced that rehabilitation targeted towards different needs was lacking. The participants described a sense of becoming more afraid of experiencing a new fall and subsequent fracture, resulting in an increased wariness regarding movements in one’s well-known environments. Recurrent stiffness, pain and reduced physical abilities created a need for margins, never before required, lessening the sense of adventure in a wearier state of mind with reduced laughter. However, they saw the future as something that points toward regaining past abilities, reduced fear, and the return to one’s pre-fracture self.

**Conclusions**
