

Surgery no better for wrist fracture in older adults

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For persons aged 60 years or older with displaced distal radius fracture,

surgical treatment seems not to be better than nonsurgical treatment for patient-reported wrist function, according to a study published online April 27 in *JAMA Surgery*.

Andrew Lawson, M.P.H., from the Ingham Institute for Applied Medical Research in Sydney, and colleagues conducted a secondary analysis of a combined multicenter randomized clinical trial and a parallel [observational study](#) involving 300 [patients](#) aged 60 years or older with displaced distal radius fractures from 19 centers. Of these, 166 were randomly assigned to either [surgical treatment](#) (open reduction and internal fixation using volar-locking plate [VLP]) or [nonsurgical treatment](#) (closed reduction and cast immobilization [CR]); those who declined randomization were included in the parallel observational group with the same [treatment options](#).

The researchers observed no clinically important difference in the mean Patient-Rated Wrist Evaluation scores at 24 months for VLP fixation versus CR (mean difference, 2.1; 95 percent confidence interval, -4.2 to 8.5; $P = 0.50$). No between-group differences were seen in other outcomes, apart from patient-reported treatment success, which favored VLP fixation (very successful treatment reported by 75.0 and 44.6 percent of patients in the VLP and CR groups, respectively). The rates of posttreatment complications were similar between the groups and were generally very low.

"VLP fixation of displaced type 23A and 23C distal radius fractures for patients 60 years and older may not lead to better wrist pain and functional outcomes at 24 months compared with CR," the authors write.

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