# Article information:

Postoperative Pneumonia in Geriatric Patients With a Hip Fracture: Incidence, Risk Factors and a Predictive Nomogram - PubMed
<https://pubmed.ncbi.nlm.nih.gov/35340623/>

# Article summary:

1. This study evaluated the incidence and risk factors of postoperative pneumonia (POP) in geriatric patients with a hip fracture after surgery, designed a predictive nomogram, and validated the accuracy of the nomogram.

2. COPD, number of comorbidities, ASA classification >2, preoperative dependent functional status and cognitive impairment were identified as independent risk factors of POP.

3. The nomogram built based on the results showed good accordance between the predicted probabilities and the observed frequency.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is generally reliable and trustworthy due to its clear methodology and thorough analysis of data. The authors have provided detailed information about their research methods, including patient selection criteria, intervention procedures, outcome measurements, statistical analyses used for data analysis, etc., which makes it easy to assess the trustworthiness of their findings. Furthermore, they have also conducted a decision curve analysis to assess the net benefit due to threshold probability and an online questionnaire survey among clinicians to assess the applicability of the nomogram coherently. This adds further credibility to their findings.

However, there are some potential biases that should be noted when assessing this article's trustworthiness. Firstly, since this was a retrospective study based on medical records from a single hospital affiliated with a medical university in China, it may not be representative of all geriatric patients with hip fractures worldwide. Secondly, there may be some selection bias since only 1285 out of an unknown number of eligible patients were included in this study. Thirdly, there may be some reporting bias since only positive results were reported in this article without any mention of negative or inconclusive results that may have been obtained during the course of this study. Finally, there is no mention of possible risks associated with using this predictive nomogram which should be noted when assessing its reliability and applicability in clinical practice.

# Topics for further research:

* Geriatric hip fracture risk factors
* Decision curve analysis
* Clinical applicability of nomograms
* Selection bias in retrospective studies
* Reporting bias in medical research
* Risks associated with predictive nomograms

# Report location:

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