

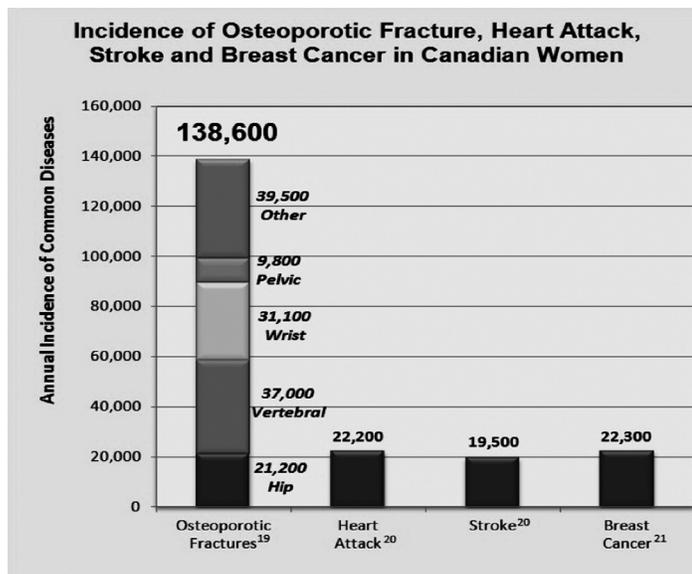
Toward a Fracture Free Future

Postoperative Management of Fragility Fractures – A Focus on Osteoporosis Care

Osteoporosis Canada, November 2011

Each year 30,000 Canadians break their hip.

Many more individuals suffer fractures of the wrist, humerus, pelvis and spine; in the over 50 population, the majority of these fractures are due to osteoporosis^{1,2,3}. As an orthopaedic surgeon, you are in a unique position to be able to influence the appropriate management of the underlying osteoporosis and reduce the risk of a repeat fracture in this patient population.



Osteoporosis – Impact on Mortality

Osteoporosis is **not** a benign disease. Hip fractures result in an increased mortality rate^{4,5}. Twenty-eight percent of women and 37% of men who suffer a hip fracture will die within the following year⁶.

Osteoporosis – Cost to the Health Care System

The impact of osteoporosis on the health care system and the cost to society are substantial. Osteoporotic fractures have been associated with an increased length of hospital stay and with increased rates of institutionalization^{7,8}.

Osteoporotic hip fractures consume more hospital bed days than stroke, diabetes, or heart attack. Only 44% of people hospitalized with a hip fracture are discharged home. Of the remainder, 10% go to another hospital, 27% go to a rehabilitation centre and 17% go to long-term care facilities⁷.

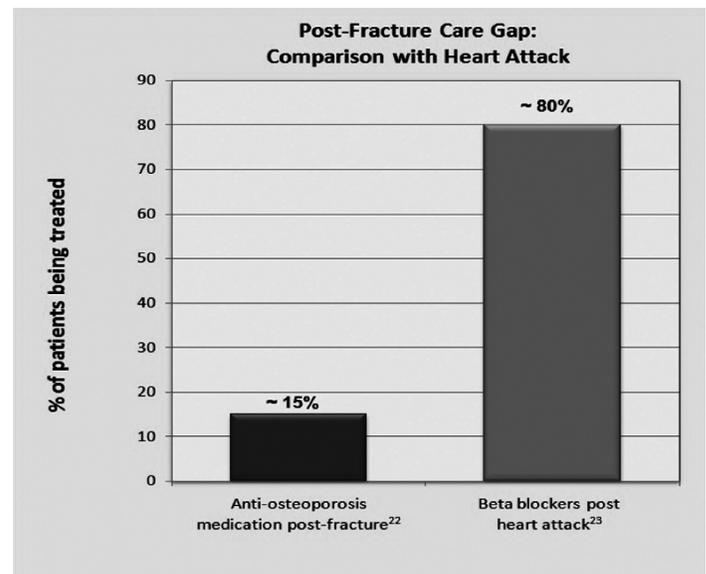
Osteoporosis – Burden of Repeat Fractures

Once an osteoporotic fracture has occurred, another is more likely to occur in the absence of treatment⁹.

A Canadian study showed that 14% of persons with a wrist fracture suffered a repeat fracture within three years¹⁰. One in three hip fracture patients re-fracture at one year and over one in two will suffer another fracture within five years¹¹.

Osteoporosis – Surprisingly Undertreated in Canada

Recent Canadian data indicates that over 80% of fracture patients are never offered screening and/or treatment for osteoporosis post fracture^{12,13}. This is in sharp contrast to the rate of treatment post heart attack¹⁴ as shown by the graph below:



Without appropriate diagnosis and treatment, these patients remain at substantial risk for **recurrent**, debilitating and life threatening osteoporotic fractures.

Two areas that can significantly improve osteoporosis outcomes for fracture patients include:

Bone Mineral Density (BMD) Testing

- **Patient awareness** and understanding of BMD test results increases osteoporosis treatment rates and patient adherence to treatment^{15,16}.

Osteoporosis Medications

- **Effective medications** reduce subsequent fractures by 30% to 70% as early as one year after initiation of treatment¹⁷.
- **The key challenge** lies in the fact that most fracture patients will never receive BMD testing, nor will they be prescribed effective osteoporosis medications.

As an orthopaedic surgeon what can you do??

1. Talk to your patients. Tell your patients with low trauma hip, pelvic, wrist, humeral and vertebral fractures that you are worried about their bones. Make it very clear that they are at risk of future fractures and that they need to see their family physician or primary care provider to ask for an assessment for osteoporosis.
2. Give your patient a copy of Osteoporosis Canada's "Make your FIRST break your LAST" brochure. See copy included in this edition of the COA Bulletin, available through Osteoporosis Canada at www.osteoporosis.ca or 1-800-463-6842 (English), 1-800-977-1778 (French)
3. If you are not going to initiate investigation and management then ensure that it is looked after by the primary care provider. Let them know you expect them to undertake appropriate assessment and treatment as outlined in the 2010 Osteoporosis Canada Guidelines. Osteoporosis Canada can provide you with a form letter for family physicians, which you can adapt to fit your own needs and circumstances.
4. Order sets have been developed to assist in osteoporosis management in the hospitalized post fracture patient. These are available through the Osteoporosis Canada web site at www.osteoporosis.ca or www.patientordersets.com.
5. Consider methods, with broad application across the system, to identify patients with osteoporosis such as fracture case coordinators¹⁸.

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