OLDER PATIENTS AND OSTEOPOROTIC FRACTURES – ARE WE MISSING THE OPPORTUNITY?

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Osteoporotic fractures represent an important public health problem, a major cause of disability and mortality among older patients and a burden to healthcare budgets in most countries.

Although being recognized as one of the chronic diseases that affects older people and that needs to be screened as part of their evaluation, generally speaking, osteoporosis is under-diagnosed in elderly individuals. Likewise, despite the increasing awareness on the importance of fracture prevention in older adults, the evidence shows that the number of patients at risk who are not receiving treatment is increasing. Implementation of approved screening, prevention and treatment policies and measures appears to be universally low, especially in the geriatric population, and even many orthopedic surgeons do not see the need to investigate or treat osteoporosis in elderly patients, even after a hip fracture has occurred. Reported treatment rates for osteoporosis in elderly persons vary from 5-69% and this decreases with age. Even supplementation with calcium and vitamin D is relatively rare in elderly patients following a fracture.

The two articles published in this issue of Acta Reumatologica report a similar reality in our country. Costa et al in a one year observational study of hip fractures found that despite the large prevalence of risk factors only 12.6% of the women and 6.4% of the men had a previous bone mass measurement. In a retrospective study of hip fractures occurring from 2004 to 2006 in an elderly high risk population, Cruz reports that none of the patients received treatment for osteoporosis at the time of discharge. These findings cause some concern especially if we consider that national guidelines have been issued by scientific societies, more than 400 thousand DXA scans are performed every year (and raising more than 10% annually) and the use of anti-osteoporotic drugs has increased 68% from to 2003 to 2007.

This apparently universal tendency to forget that intervention to avoid osteoporotic fractures is mainly important in older people is probably due to a combination of factors. Most of the resources, interventions and clinical trials have focused on the prevention of vertebral fractures, which are more common in “younger” post-menopausal women in contrast with hip and other non-vertebral fractures, which are more prevalent in the older population. However, the mean age of patients in most of the clinical trials was 70 years, which can hardly be considered young. Although all approved treatments have shown to be effective in reducing the risk of vertebral fractures, most have failed to show efficacy in non-vertebral fractures, which can lead to a false perception that “there is nothing to be done” in the elderly patients. Ageism can also play an important role. Lastly, a “marketing” effect pushing for a very early intervention may also merit some consideration.

Whatever the reasons, the final result is that we are probably using costly resources in a low risk population and forgetting the older high risk population that would benefit the most from intervention. Hopefully, the recent introduction of the WHO Fracture Risk Assessment Tool – FRAX® will help us to better evaluate the probability of fracture in clinical practice, although much work has still to be done till this instrument can be fully used in our country.

An important issue that was also addressed in the articles of Cruz and of Costa et al is the role that falls play in hip and non-vertebral fractures. For a long time considered as natural accidents that occur to old people, falls are now regarded as a syndrome with concomitant risk factors and etiologies that need to be evaluated and corrected. This is especially true for the geriatric population, which is the fastest growing age group and the group with the greatest fall risk. A systematic clinical assessment and strategies based on individualized multi-factorial or single interventions is of utmost importance and needs to be implemented in clinical practice.

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Hip fractures are usually considered a good indicator for osteoporosis epidemiology and quality of clinical care. Incidence of hip fractures is increasing in almost every country. In Portugal, estimated incidence of hip fractures in 2006 was 9.26 per 10,000 inhabitants, representing more than a 20% increase in incidence since 1998. Future projections indicate a worldwide increase in hip fractures, which in part is explained by prolonged life expectancy and the absolute increase of the oldest segment of the population in many countries. Nevertheless, we have effective drugs and non-pharmacological interventions that can prevent fractures and disability in an aging population. We should not miss more opportunities.

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References
2. Bahl S, Coates PS, Greenspan SL. The management of osteoporosis following hip fracture: have we improved our care? Osteoporos Int 2003;14: 884-888