

FRACTURE LIAISON SERVICE TREATMENT RATES BY FRACTURE SITE, GENDER AND AGE: A SERVICE EVALUATION

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Background

Fracture Liaison Services are recommended nationally and internationally to improve secondary prevention treatment rates after a fragility fracture. Only a proportion of patients presenting with a fragility fracture will be assessed as high risk to require anti-osteoporosis therapy. Identification of fracture types with very low treatment rates may help prioritize case-finding for FLS developing their service.

Objective

To describe the determinants of anti-osteoporosis therapy in patients presenting with a fragility fracture to an FLS

Methods

The Oxford FLS case finds patients from trauma inpatient and outpatient settings since 2011. The service uses multiple methods for case-finding. Patients aged over 75 years are assessed and receive treatment recommendations during their trauma inpatient stay or outpatient clinic. Patients aged 50 to 75 years are referred for DXA (if not already performed in last 24 months) and recommended for treatment if the lowest T score is -2 or lower.

Results

2242 patients with recorded date of birth, fracture site and treatment recommendations were identified from the Oxford FLS database from April 2015 to March 2016. 76.8 % were female and 39.9 % were over the age of 75 years. The common fracture sites included forearm (32.15 %), hip (27.92 %) and ankle (11.92 %). The figure shows the rates of treatment recommendation for fracture sites by gender and age.

Discussion

The benefits from an FLS are related to the number of high risk patients receiving effective anti-osteoporosis therapy. These data highlight the opportunity of focusing on common fracture sites if resources are limited. Further work to identify rates of adherence at 4 and 12 months is underway as well as using FRAX thresholds to recommend therapy.

Conclusion

This evaluation has identified patients and fracture characteristics that have higher treatment rates; while an FLS is being implemented, these patient/ fracture groups could be prioritized for case-finding.