

Hip fracture patients in long-term care are less likely to receive osteoporosis therapy

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Hip fractures, which primarily affect the elderly, are among the most debilitating and life-threatening of osteoporotic fractures: many hip fracture patients never regain their previous level of function and as a result require long-term care. Without osteoporosis therapy the risk of further, potentially more devastating hip fractures is high.

In a study presented at the World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases, researchers in Ontario, Canada calculated the proportion of [high-risk](#) residents of long-term care (LTC) homes who were receiving osteoporosis medications and vitamin D supplementation according to specific high-risk categories. They assessed data for 6862 residents from 50 LTC homes in the province: 2949 (49%) were considered at high risk. Based on osteoporosis guidelines, high-risk was identified as individuals who had at least one spine/hip fracture, two or more non-hip/non-spine [fractures](#), were currently taking corticosteroids; or had been previously diagnosed with osteoporosis.

Overall, there was a marked under-treatment of patients in all high-risk categories. It was found that residents with prior spine fractures, followed by residents who were taking corticosteroids were those more likely to receive drug therapy, while patients who had suffered a hip fracture were least likely to receive treatment.

The percentages of high risk patients receiving drug therapy for osteoporosis were as follows:

- 47% of those with prior spine fracture
- 34% of those with prior hip fracture
- 38% of those with two or more non-hip or non-spine fractures
- 43% who were taking glucocorticoids
- 41% had a diagnosis of osteoporosis

Data showed that 77 % of the high-risk patients were on vitamin D therapy (800 mg/d or more).

The study was part of the Gaining Optimal Osteoporosis Assessments in Long-term Care (GOAL) initiative, developed to reduce fractures by utilizing multifaceted knowledge transition strategies.

Dr. George Ioannidis, researcher at the GERAS Centre and McMaster University and lead author of the study stated, "The study shows that there is a significant treatment gap in all categories of high risk patients, all of whom have suffered a previous fracture or are at high-risk due to glucocorticoids or a diagnosis of [osteoporosis](#). It is interesting that those with prior [hip fracture](#) are those least likely to receive treatment. Given the potentially serious consequence of secondary fractures it is critical that all high-risk [patients](#) are considered for appropriate treatment. This care gap highlights the importance of developing guidelines for this high risk population - which is being led by the senior author Dr Alexandra Papaioannou."

The care gap identified in this Canadian study reflects similar findings around the world. In response, the International Osteoporosis Foundation (IOF) has established the [Capture the Fracture programme](#) which provides recognition and guidance for the implementation of fracture liaison services, a proven way to reduce the care gap and prevent secondary fractures.

More information: OC31 What triggers osteoporosis therapy in high risk residents living in long term care (LTC) homes? The Gaining Optimal Osteoporosis Assessments in Long-term Care (GOAL) study. G. Ioannidis, D. O'donnell, C. Kennedy et al. *Osteoporosis International*, Vol. 26, S 1. 2015.

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