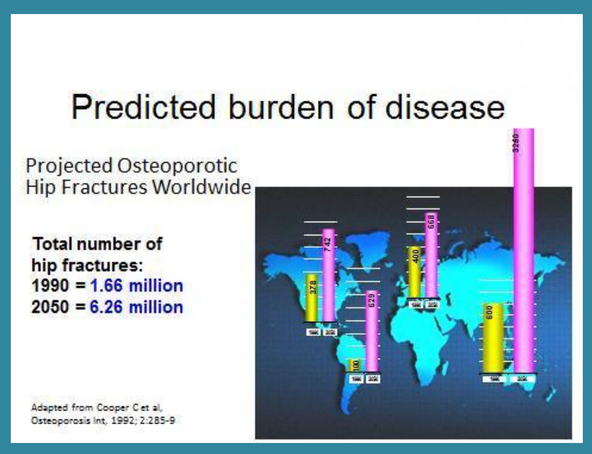
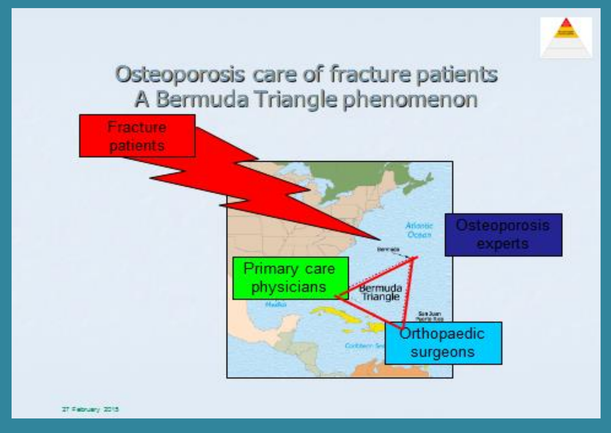
NURSE LED FRACTURE LIASION SERVICES PREVENTING SECONDARY FRACTURE IN OLDER ADULTS

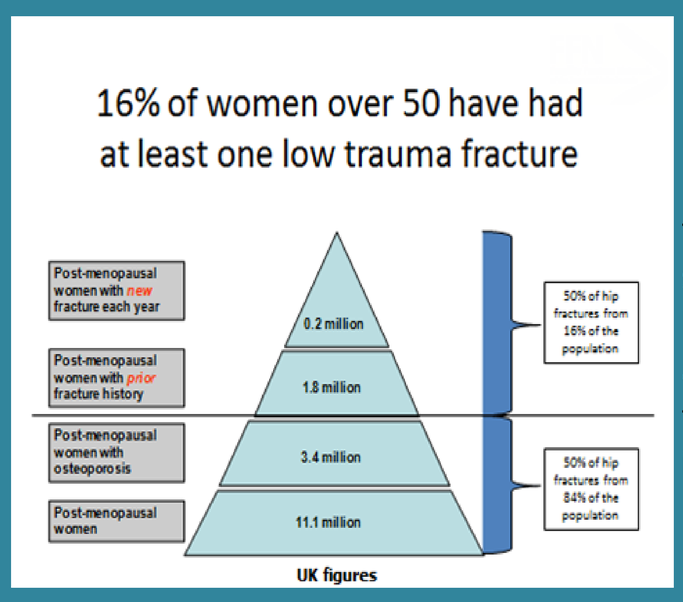


The ageing population will lead to a massive increase in hip fractures over next 25 years
In Europe and USA twice the number of cases are expected to present to hospitals and in
In Asia and South America a 6 fold increase in the number of patients is predicted.
Current healthcare systems will not be able to cope
Unless we do something about it

A major challenge for healthcare systems throughout the world serving ageing populations, is how to reliably implement national guidance on secondary fracture prevention. In this regard, osteoporosis care of fracture patients has been characterised as a Bermuda Triangle comprised of orthopaedists, primary care physicians and osteoporosis experts into which the fracture patient disappears. (1)

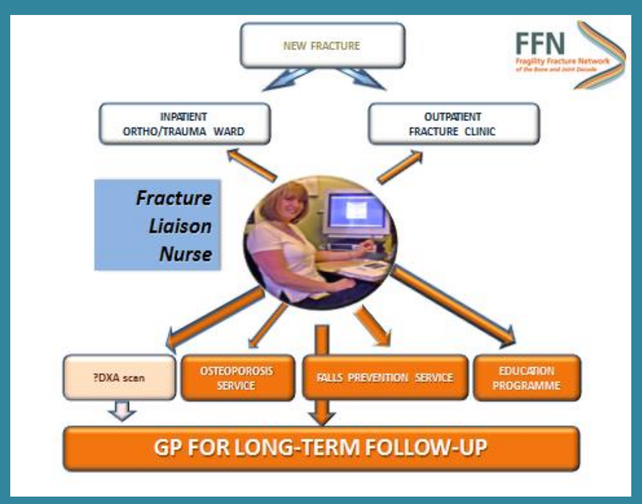


Secondary Prevention of Fractures is a proven method of reducing the incidence of Hip Fracture, but it requires systematic, case finding, assessment and treatment of at risk patients- it is a n initiative that is led by nurses, working alongside osteoporosis specialists



During the last decade successful systematic approaches to closing this management gap have been pioneered in UK hospitals (2,3) and primary care settings. (4), the success of this approach has led to further development of Fracture Liaison Services (FLS) including in some US States.
The diagram presents UK epidemiology for females over 50 years presenting annually to hospitals with new fractures and patients that have suffered fractures in the past. Although it uses UK data, there is evidence to suggest that it represents the finding of other systems in the USA and Europe.
FLS are successful in cost effectively reducing the incidence of hip fractures, by identifying the patients who have already had a fragility fracture, assessing their bone health and where appropriate treating their osteoporosis or falls risk. Secondary prevention when it is undertaken systematically id more effective than primary prevention and is cost saving (2)

Fracture Liaison services are predominantly hospital based, nurse led services, whereby nurses vigorously, case find all new patients presenting with a fragility fracture, to either fracture clinic or ward based services. (5)
They then assess the patient and offer intervention appropriate to each individual, which may be, Dexa scan, dietary advice, falls prevention intervention, medication recommendation through the general practitioner or referral onto the osteoporosis specialist physician.
FLS has been demonstrated to reduce the number of fractures (2), in McLellan study per 1000 fragility fractures 18 fractures were prevented of which 11 were hip fractures, which had a cost saving after factoring in FLS and treatment costs of of£21,000 in 2003.



TAKE HOME MESSAGE ITS NOT ROCKET SCIENCE
We have known for decades we can identify people at risk of fracture. By using FLS it has been demonstrated that we can reduce the incidence of hip fracture in our communities.
In our everyday practice if we are caring for patients with any fragility fracture it is our responsibility to make sure that appropriate follow-up care is organised, that may be by ensuring the local FLS service is aware of the patient or in healthcare settings with no FLS, arranging referral to the appropriate physicians and services.
PLEASE DON'T LET THESE PATIENTS FALL INTO THE BERMUDA TRIANGLE

CORRESPONDANCE
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FFN
Fragility Fracture Network
of the Bone and Joint Decade