Fracture Liaison in a Non Regional Orthopaedic clinic

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4th Irish Hip Fracture Conference
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HSE Regional and Non-regional orthopaedic clinics

- Regional: 16
- Non-Regional: 20

56% Non-Regional, 44% Regional
Why we did it..........

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If we don’t do a good job............

By Ron Mueck

Chronic intractable pain from vertebral fracture

Invasive hip surgery

Hospital stay

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Osteoporosis related fracture?

1. Pregnancy
2. Children using laptops
3. Family watching TV
4. Man drinking

"Every time you eat or drink, you are either feeding disease or fighting it."

- Mother Morgan, MD, MC
What we hoped to achieve

Cumulative Incidence of Hip Fractures in the Three-Year Study of FIT (patients with radiographic vertebral fracture at baseline)

Late 1990’s

STGH 2009
People involved

Consultant Orthopaedic Surgeon

Decision maker

Fracture Liaison Coordinator

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Secretary

DXA radiographer/technician
The fracture liaison team

Role of the Consultant Orthopaedic

Role of the FLC

Role of the ‘DXA tech’

Role of the ‘decision maker’

Role of the secretary

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Radiology and Lab

These areas are critical to the smooth running of the clinic and took the longest time to get right.
Who we see....

80% women

20% men
How did patients benefit?

- 90% receive both verbal and written information regarding diet and lifestyle modification for the prevention and treatment of osteoporosis and 86% recommended to have additional calcium and/or vitamin D supplementation.
- 90% of those prescribed pharmacotherapy receive anti-resorptives, and the remainder receive a mixture of anabolics and strontium.
- Further recommendations include referral to falls class, referral to osteoporosis exercise class, and onward referral to another specialty, very rarely.
What about follow-up?

All patients had their FLS letter sent to the GP including the screening results, the fracture risk assessment and outlining the treatment recommendations.

A proportion are followed up every couple of years by the decision maker, in another clinic, where referrals from the Waterford FLS are also seen.
Capture the fracture – where we fit.

• Patient identification

• Patient evaluation

• Post-fracture assessment timing

• **Vertebral fracture**

• Assessment guidelines

• Secondary causes of osteoporosis

• Multi-faceted risk assessment

• Medication initiation

• Medication review

• Communication strategy

• Long-term management

• Database

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References and places to go for more information

• [www.capture-the-fracture.org](http://www.capture-the-fracture.org)


• [www.irishosteoporosis.ie](http://www.irishosteoporosis.ie)

• [www.comsclinic.com](http://www.comsclinic.com) Like us on Facebook!

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Thank you!

Questions?