



Osteoporosis and vertebral compression fractures-continued missed opportunities

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BACKGROUND CONTEXT: Untreated osteoporosis causes decreased bone mineral density, which predisposes to fragility fractures. Low-energy vertebral compression fractures are the most common type of osteoporotic fragility fracture. Prior studies have shown that only one-quarter of patients diagnosed with an osteoporotic fracture are referred or treated for osteoporosis. **PURPOSE:** To identify the rate of therapeutic interventions for patients aged 50 years and older within a capitated population who sustained low impact vertebral compression fractures over a 6-month period. **STUDY DESIGN/SETTING:** Retrospective observational study. **PATIENT SAMPLE:** The reports of all imaging studies of the chest, abdomen, and spine taken from July to December 2002 within a large military health-care system were queried on the Composite Health Computer System (CHCS). The sample included patients 50 years or older who had a low-energy vertebral compression fracture. **OUTCOME MEASURES:** The computerized medical records were examined for osteoporotic medication prescriptions, referrals to endocrinology, and to dual-energy X-ray absorptiometry (DEXA) scans. These results were compared with results obtained from a similar study on osteoporotic distal radius fractures. **RESULTS:** The records of 156 patients (average age: 77.3y; 78 women, 78 men) meeting the inclusion criteria were analyzed to determine what proportion was followed-up with osteoporosis interventions. Within 1 year after the fracture, 39% (37 females, 24 males) had undergone a DEXA scan, 35% (37 females, 18 males) had been referred to endocrinology, 38% (47 females, 12 males) were receiving active osteoporosis treatment, and 51% (55 females, 25 males) were receiving any form of osteoporosis-directed medication. The rate of medical intervention was similar to the rate of intervention after distal radius fragility fractures (n=111; 30% active medication; 47% any osteoporosis medication) ($p>.21$). The rate of all interventions was significantly greater for women than men.

CONCLUSIONS: Although the likelihood of intervention is slightly greater after vertebral compression fractures than for distal radius fractures, orthopedic surgeons, emergency room physicians, and primary care providers continue to miss opportunities, especially in males, to diagnose and/or initiate active therapeutic interventions for osteoporosis in patients presenting with osteoporosis-related fragility fractures.

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