



Editorial

A coordination project for improvement of osteoporosis medication use among patients who sustained osteoporotic fracture(s)

It is well known how important it is to continue taking medications for the treatment of osteoporosis in fracture patients [1]. Indeed, many academic societies emphasize the importance of taking osteoporosis medications in fracture patients to prevent first fractures, as well as to prevent secondary fractures [2]. This is because of the probability of refracture increases if the osteoporosis medication is not taken continuously after fracture [3]. Therefore, several academic organizations for managing osteoporosis such as International Osteoporosis Foundation and Asian Federation of Osteoporosis Societies (AFOS) emphasize that it is very important to actively prescribe osteoporosis medication in patients with fractures and to educate patients to take osteoporosis medication continuously [4]. In practice, however, osteoporosis medications are not properly prescribed even in fractured patients due to various practical problems.

Heyman et al. [5] published an original article about coordination project for improvement of osteoporosis medication use among patients who sustained an osteoporotic fracture in Israel. Although the researchers did not find the effect of coordinating the osteoporosis medication as expected, this study is well worth it. Researchers' efforts to investigate whether joint coordination between health care providers in inpatient rehabilitation facilities and health care providers in a community setting improves osteoporosis medication use in the community is of value.

The coordination project presented in this study is based on the concept of a fracture liaison service (FLS), a coordinated, comprehensive, and active treatment model based on primary care or secondary care with the objective of dealing with the osteoporosis treatment gap [6]. Nonetheless, it is not known whether coordination between different medical settings can lead to similar improvements in the use of osteoporosis medication.

The most striking finding of this study was that the issue of insurance should be fully considered when prescribing osteoporosis medications in countries with insurance system (public insurance), such as Israel, South Korea, Taiwan [7]. Given the constraints of the government-supported drug baskets (not all medicines are on the list of official medicines to cover the costs of public health systems), recommendations for teriparatide, an expensive medication provided by the government-funded medical basket only for patients with fractures while receiving a high-cost treatment for osteoporosis, might be decreased. Because osteoporosis treatments and therapies are expensive, unauthorized patients may not be able to obtain the recommended treatment at the hospital facility.

This is a huge barrier to both patients and physicians.

Problems related to cost are difficult to solve. However, this problem is an important issue to be solved at the academic society level. The academic society such as AFOS should try to make the treatment guideline fully considering the cost part, or give an active opinion when making insurance policy so that the patients with osteoporosis should get the best osteoporosis treatment appropriate to the condition of the patient.

Conflicts of interest

No potential conflict of interest relevant to this article was reported.

References

- [1] Khosla S, Shane E. A crisis in the treatment of osteoporosis. *J Bone Miner Res* 2016;31:1485–7.
- [2] Javaid MK, Kyer C, Mitchell PJ, Chana J, Moss C, Edwards MH, et al. Effective secondary fracture prevention: implementation of a global benchmarking of clinical quality using the IOF Capture the Fracture® Best Practice Framework tool. *Osteoporos Int* 2015;26:2573–8.
- [3] Eisman JA, Bogoch ER, Dell R, Harrington JT, McKinney Jr RE, McLellan A, et al. Making the first fracture the last fracture: ASBMR task force report on secondary fracture prevention. *J Bone Miner Res* 2012;27:2039–46.
- [4] Chan DD, Chang LY, Akesson KE, Mitchell P, Chen CH, Lewiecki EM, et al. Consensus on best practice standards for fracture liaison service in the Asia-Pacific region. *Arch Osteoporos* 2018;13:59.
- [5] Heyman N, Etzion I, Natan MB. A coordination project for improvement of osteoporosis medication use among patients who sustained an osteoporotic fracture: the Israeli experience. *Osteoporos Sarcopenia* 2018;4:134–9.
- [6] Gallacher SJ, Fraser M, McQuillan C. The fracture liaison service: success of a program for the evaluation and management of patients with osteoporotic fracture. *Osteoporos Int* 2003;14:1028–34.
- [7] Chan DC, Chang CH, Lim LC, Brnabic AJM, Tsao JY, Burge R, et al. Association between teriparatide treatment persistence and adherence, and fracture incidence in Taiwan: analysis using the National Health Insurance Research Database. *Osteoporos Int* 2016;27:2855–65.

Kwang Joon Kim

Division of Geriatrics, Department of Internal Medicine, Yonsei University College of Medicine, 50-1 Yonsei-ro, Seodaemun-gu, Seoul, Korea

E-mail address: preppie@yuhs.ac.

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