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Letter to the editor

Combined orthogeriatric and fracture liaison service for improved postfracture patient care

To the editor,

The article by Yeap et al. [1] brings necessary attention to the subject of managing osteoporotic fractures, as nearly three-quarters of patients in their study who suffered from fractures were not placed on treatment regimens, and the few who were received it for only around a month. We agree with the authors that this is a missed opportunity to prevent future fractures, and that their study shows the need to establish a fracture liaison service (FLS) to increase the treatment rate after the occurrence of an osteoporotic fracture. In addition, we believe that the FLS combined with other services can further improve care and outcomes for patients suffering from osteoporotic fractures. A current review of recent studies on osteoporosis management found that the FLS model of care is effective in initiating and adhering to osteoporosis treatment, and it is cost-saving in decreasing secondary fracture risk, but a combination of the FLS with the orthogeriatric (OG) service models of care may be an even more effective approach towards long-term bone health, as it can be a cost-effective method of further decreasing secondary fracture risk and mortality [2]. An OG service is generally a collaboration between an orthopaedic surgeon and a geriatrician, and usually centers on an osteoporotic fracture. While results have been inconclusive in the past regarding the effectiveness of involving a geriatrician in postfracture care, recent data has shown that the OG model likely has an impact on mortality, and patients were “more likely to receive preoperative medical assessments, have greater recognition of postoperative medical problems, and have implementation of long-term osteoporosis management” [3–5]. Both FLS and OG models have proven cost-effectiveness [6]. The 2 models appear to be effective on their own, and while the exact model eludes us, some inference can be made that a dual approach may offer the best medical care for the patient while in the hospital, as well as coordinating care effectively upon discharge. The collaboration and communication between primary care and subspecialties has traditionally been poor [7]. Perhaps combining an OG service with an FLS would help mitigate these communication problems by placing the physicians in direct contact with each other over the ongoing care of patients. Post osteoporotic fracture care has improved recently, but there is significant room for advancement, and while implementation of an FLS is a step in the right direction, consideration should be made towards the inclusion of an OG service as well.

Conflicts of interest

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

References

[1] Yeap SS, Nur Fazirah MF, Nur Aisyah C, Sham SY, Samsudin IN, Thambiah SC, et al. Trends in post osteoporotic hip fracture care from 2010 to 2014 in a private hospital in Malaysia. Osteoporos Sarcopenia 2017;3:112–6.
[2] Schweser KM, Crist BD. Osteoporosis: a discussion on the past 5 years. Curr Rev Musculoskelet Med 2017;10:265–74.
[3] Coventry LS, Nguyen A, Karahalios A, Roshan-Zamir S, Tran P. Comparison of 3 different perioperative care models for patients with hip fractures within 1 health service. Geriatr Orthop Surg Rehabil 2017;8:87–93.
[4] Folbert EC, Hegeman JH, Vermeer M, Regtuijt EM, van der Velde D, Ten Duis HJ, et al. Improved 1-year mortality in elderly patients with a hip fracture following integrated orthogeriatric treatment. Osteoporos Int 2017;28:269–77.
[5] Hawley S, Javaid MK, Prieto-Alhambra D, Lippett J, Sheard S, Arden NK, et al. Clinical effectiveness of orthogeriatric and fracture liaison service models of care for hip fracture patients: population-based longitudinal study. Age Ageing 2016;45:236–42.
[6] Leal J, Gray AM, Hawley S, Prieto-Alhambra D, Delmestri A, Arden NK, et al. Cost-effectiveness of orthogeriatric and fracture liaison service models of care for hip fracture patients: a population-based study. J Bone Miner Res 2017;32:203–11.
[7] Taran S. An examination of the factors contributing to poor communication outside the physician-patient sphere. McGill J Med 2011;13:86.

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