

New study highlights what works in osteoporosis treatment

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More patients are tested and treated for osteoporosis when fracture clinics have someone dedicated to screening for the bone disease, a new study has found.

Those patients also do better when the clinic actually provides bone mineral density (BMD) testing or prescription drug treatment as part of its program rather than just referring fracture patients elsewhere.

Researchers at St. Michael's Hospital led by Joanna Sale, a clinical epidemiologist, reviewed osteoporosis screening and management programs involving patients treated for [fragility fractures](#) by orthopedic staff in 11 countries.

The study, published in the journal *Osteoporosis International*, was unusual in that it examined both randomized trials and clinical programs available to all patients.

"We found that patient outcomes were better with programs that had dedicated personnel to test for and treat the disease," said Sale, an associate scientist in the hospital's Mobility Program Clinical Research Unit.

"A fracture clinic is a very busy place. Patients are in pain. You have orthopedic surgeons, residents, physiotherapists, orthopedic technicians. It makes sense to have someone who can identify patients who might have osteoporosis, educate them, refer them for a [bone mineral density](#)

test, schedule them for the test and write a prescription.

"Outcomes are also better when the test or treatment takes place within the program, rather than sending the patient elsewhere and potentially losing contact with them."

Sale said the review had some challenges with comparing data across studies. Some programs reported statistics based on all patients, others based only on patients who went for bone density tests and still others based on bone density scores. An important consideration for future research is the need to standardize reporting, she said.

Osteoporosis is a disease characterized by low bone mass and deterioration of [bone tissue](#). This leads to increased [bone](#) fragility and risk of fracture, particularly of the hip, spine and wrist. Many people are not aware they have osteoporosis until they suffer a fracture and are tested for the condition.

As many as 2 million Canadians suffer from osteoporosis, including one in four women over the age of 50. Osteoporosis Canada estimates it costs \$1.9 billion a year to treat the disease and the [fractures](#) it causes, with most of the money going to long-term, hospital and chronic care. Given the increasing proportion of older people in the population, these costs will likely rise.

St. Michael's was perhaps the first hospital in Ontario to screen and educate all patients over 50 with a fragility fracture (suffered in a fall from standing height or less, such as slipping on ice) for osteoporosis and send them for a BMD test. The program, led by Dr. Earl Bogoch and Victoria Elliot-Gibson, runs out of the fracture clinic.

The Ministry of Health and Long-Term Care has initiated a similar program in 36 other fracture clinics across the province as part of the

Ontario [Osteoporosis](#) Strategy. A team at St. Michael's led by Dr. Bogoch and Dr. Dorcas Beaton is leading the evaluation of this program and researching ways to make post-fracture care better.

Provided by St. Michael's Hospital

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