

# Researchers study hip fracture probability on women in late life

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New University of Minnesota Medical School research evaluates the impact of multimorbidity on the probability of hip fractures.

In an article recently published in *JAMA Internal Medicine*, lead author Kristine Ensrud, MD, Professor of Medicine at the University of

Minnesota Medical School, examines the impact of disease definition, comorbidity burden and prognosis on hip fracture probability among women 80 years and older. Late-life women account for the majority of hip fractures in the United States, but are often not screened for osteoporosis. Older age, multimorbidity and [poor health](#) are [risk factors](#) for hip fracture, but these characteristics also increase the risk of competing, non-fracture related mortality. Thus, clinicians have difficulty identifying late-life women most likely to benefit from [drug treatment](#) to prevent hip fractures.

"Older patients with multiple [medical conditions](#) or poorer prognosis are excluded from [clinical trials](#), but this is exactly the population that clinicians see," explained Ensrud. "That is why a lot of times when you look at clinical trials, the findings are not necessarily relevant to the patients you take care of."

The study found that late-life women with osteoporosis, including those with comorbidities or poorer prognosis had a high probability of hip fracture in the next 5 years, even after accounting for competing mortality risk. These results suggest that this group of women may derive a high absolute benefit from initiation of drug treatment to prevent fracture. In contrast, among late-life women without osteoporosis but still considered to be drug treatment candidates by the National Osteoporosis Foundation, mortality probability far outweighed the probability of hip fracture, especially among those with more comorbidities or poorer prognosis. These findings suggest that the absolute benefit of drug treatment to prevent fracture is much lower in this latter patient population.

Ensrud hopes this kind of study might inform treatment guidelines, making them less likely to focus on a single disease in isolation and more patient-focused.

"Patients have multiple diseases and clinicians can't just solely focus on osteoporosis or cardiovascular disease. They have to focus on the whole patient."

**More information:** Kristine E. Ensrud et al. Association of Disease Definition, Comorbidity Burden, and Prognosis With Hip Fracture Probability Among Late-Life Women, *JAMA Internal Medicine* (2019). DOI: [10.1001/jamainternmed.2019.0682](https://doi.org/10.1001/jamainternmed.2019.0682)

Provided by University of Minnesota Medical School

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