

Wrist fracture patients less likely to be evaluated for osteoporosis

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A study published in the October 2009 issue of the *Journal of Bone and Joint Surgery* suggests a disconnect between the way wrist-fracture patients and those with a spine or hip fracture are managed and evaluated. The study, conducted in 2007 among 97 percent of the women in Korea, reviewed the incidence of fractures around the hip, spine, and wrist in female patients age 50 and older and the prescription frequencies of bone density scans for osteoporosis, along with the use of medications for its treatment.

"Our review of this national cohort indicates that patients with a wrist fracture are less likely to be evaluated and managed for osteoporosis than those with a hip or spine fracture," stated lead study author Hyunsik Gong, MD, in the Department of Orthopaedic surgery, Seoul National University, Bundang Hospital, Seoul National University College of Medicine in South Korea. "Although the health system in the United States is different from that in Korea, physicians treating fractures are the initiators of osteoporosis care in both countries. Women over age 50, who are diagnosed with a wrist fracture should be evaluated for osteoporosis, since they have a higher risk of fracturing other bones."

Osteoporosis is a major health problem affecting 28 million Americans and contributing to an estimated 1.5 million fractures each year. The distal radius of the wrist is the most commonly broken bone in the arm, and fractures usually happen when a fall causes someone to land on their outstretched hands. Appropriate treatment can reduce the risk of future fracture in patients with osteoporosis by 40 to 60 percent. The study

found that for women, over the age of 50:

- only 2.8 percent of those who had a distal radial fracture, underwent a bone mineral density scan; and
- only 22.9 percent were prescribed osteoporosis medication.

"Our hypothesis was that physicians who treat fractures of the hip, spine, and wrist have different propensities or practice patterns regarding the evaluation and treatment of osteoporosis," said Dr. Gong. "Because patients with a wrist fracture are younger on the average than those with a hip or vertebral fracture, they offer physicians an important opportunity to initiate secondary prevention. We find it disappointing that many orthopaedic and hand surgeons who treat wrist fractures choose not to provide osteoporosis evaluation and treatment when, in our opinion, they should do so."

The study suggests that one reason that physicians fail to diagnose and treat osteoporosis is clinical inertia. However, the study identified several additional barriers to evaluation and treatment. For instance, the study pointed to the possibility that patients with wrist fractures may have a less serious perception of osteoporosis and thus may be more reluctant to undergo a [bone mineral density](#) examination or be treated for osteoporosis. Other barriers to treatment included:

- the cost of therapy and diagnosis;
- time constraints;
- concerns about medications; and

- lack of clarity regarding responsibility for this care.

"Women who break a wrist should know about their further fracture risks and the need to be treated accordingly," said Dr. Gong. "As a result of this research, I expect more patients with wrist fractures will get proper evaluation and management for osteoporosis. Ideally, the more patients know, the more questions they will ask about preventing, testing for and treatment options for [osteoporosis](#). And, the more orthopaedic surgeons know, the more often they will recommend further screening after any bone fracture."

Dr. Gong recommends additional studies and intervention programs to eliminate this care gap. "Those interventions should focus on a systemic approach to investigate overall bone health by physicians who are responsible for investigating and treating wrist fractures."

Source: American Academy of Orthopaedic Surgeons ([news](#) : [web](#))

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