Hip fracture patients leaving hospital need osteoporosis plan

30 August 2018

Patients leaving hospital after a hip fracture should be given an osteoporosis plan as a priority, says the Australian and New Zealand Hip Fracture Registry, based at Neuroscience Research Australia (NeuRA).

The Registry’s 2018 report, released today, shows only 25 percent of hip fracture patients leave hospital on active treatment for osteoporosis and only 24 percent of hospitals provide individualised written information on prevention of future falls and fractures.

Commenting on the report, Professor Jacqueline Close, Geriatrician and Co-Chair of the Australian and New Zealand Hip Fracture Registry (ANZHFR), said that while the data showed an improvement of 9 percent over last year’s report, Australia was still significantly behind other countries in closing the osteoporosis care gap.

“There are huge opportunities to further improve hip fracture care including the prevention of future falls and fractures. Strong evidence exists to support treatment of osteoporosis in this population yet all too frequently we fail to offer treatments which can impact on people’s lives,” said Professor Close.

“Hospitals need to work toward closing the care gap to ensure hip fracture patients go home with an individualised care plan designed to prevent future fractures.

“General practitioners and other medical specialists also play a critical role in ensuring that bone health is addressed and that treatments are offered on an ongoing basis for our older Australians unfortunate enough to break a bone from a fall.”

Although the incidence of minimal trauma hip fracture has decreased over time, the actual number of hip fractures continues to increase due to the rising number of older adults. Current projections suggest that by 2022 there will be more than 30,000 hip fractures each year with a projected cost of $1.126 billion.

Minimal trauma fractures are relatively common in people aged 50 and over. It is estimated that, for Australians in this age group, one in four men and two in five women will experience a minimal trauma fracture.

A hip fracture is one of the most serious types of minimal trauma fracture. In 2015-16, approximately 22,000 people aged 50 and over were hospitalised for a minimal trauma hip fracture with the need for hospitalisation highest for those aged over 85. Women were one and a half times more likely than men to be admitted to hospital with a hip fracture.

These findings have prompted NeuRA to publish a Hip Fracture Care Guide for patients, their families and carers addressing frequently asked questions across the hip fracture journey and highlighting the importance of preventing another fracture by
treating osteoporosis and preventing falls.

"Our goal is to highlight the current gaps in care and work with hospitals across Australia and New Zealand to increase the uptake of treatments for which we know there is evidence of benefit," said Professor Ian Harris, Orthopedic Surgeon and Co-Chair of the ANZHFR.

"We also need to work in partnership with general practitioners who have a key role in managing chronic disease, of which osteoporosis is one."

Professor Harris said solutions to this issue are yet to be developed but the Registry "is working collaboratively with other national organisations to ensure that osteoporosis is recognised as a treatable chronic disease".

Commenting on a further key finding of the 2018 report, Professor Harris said hospitals are now sharing their waiting times from arrival to surgery, helping to generate a more transparent snapshot of performance against a national standard.

"Currently the most common delay for people waiting more than 48 hours for surgery is access to operating theatre time. This is something we must address," said Professor Harris.

Professor Harris said data is a powerful driver of change in the health system.

"The Registry is run by clinicians for clinicians and provides hospitals with real-time performance data, allowing them to see how they perform against other hospitals."


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