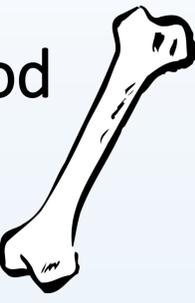




Antiresorptive therapy post neck of femur fractures – how good are we at prescribing?



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BACKGROUND

Osteoporosis affects 1.2 million Australians and, in 2012, fractures due to osteoporosis and osteopenia in Australians aged over 50 years cost \$2.75 billion¹. Under-treatment is extremely common as fewer than 20% of patients with a minimal trauma fracture are treated or investigated for osteoporosis¹. A minimal trauma fracture of the hip in a person older than 50 years of age is presumptive of osteoporosis². Osteoporosis management should begin post fracture and should be continued long-term as these patients are at a higher risk of a subsequent fracture³.

AIM

To retrospectively review the osteoporosis management of patients admitted with neck of femur (NOF) fractures within the last 6 months, in regards to documented plans and treatments used.

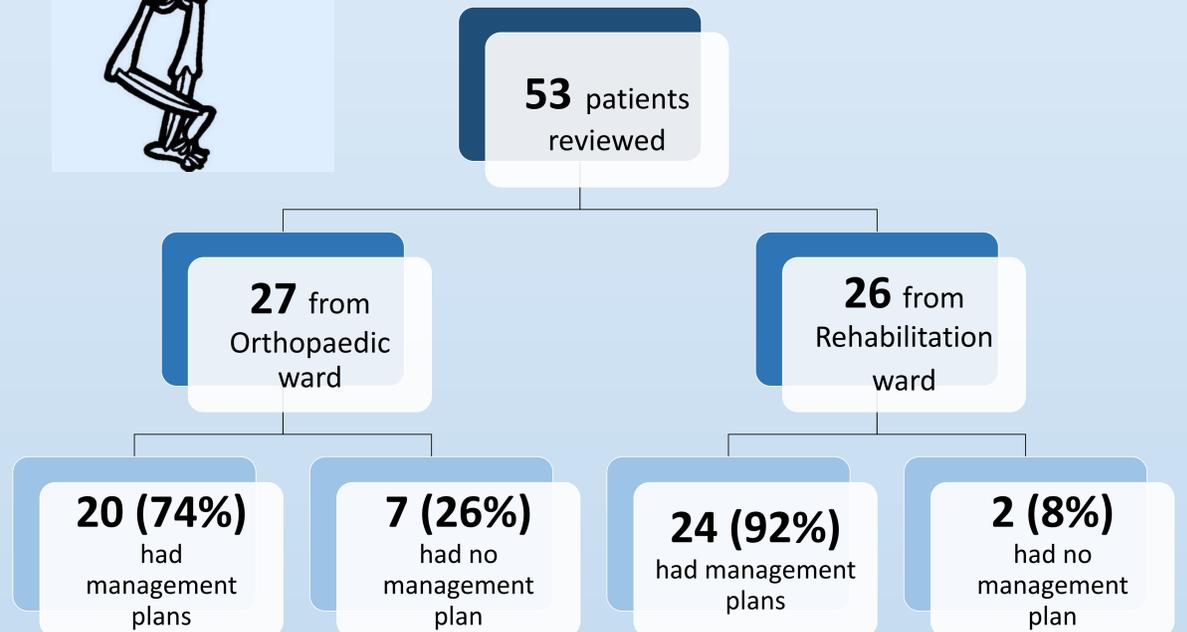
METHODS

Patients who met appropriate criteria were identified and the medical charts/records of these patients were obtained. Discharge summaries and progress notes were reviewed to determine whether osteoporosis management plans had been put in place, what treatments were used and where treatments were started. Data was collated into a spreadsheet using excel.

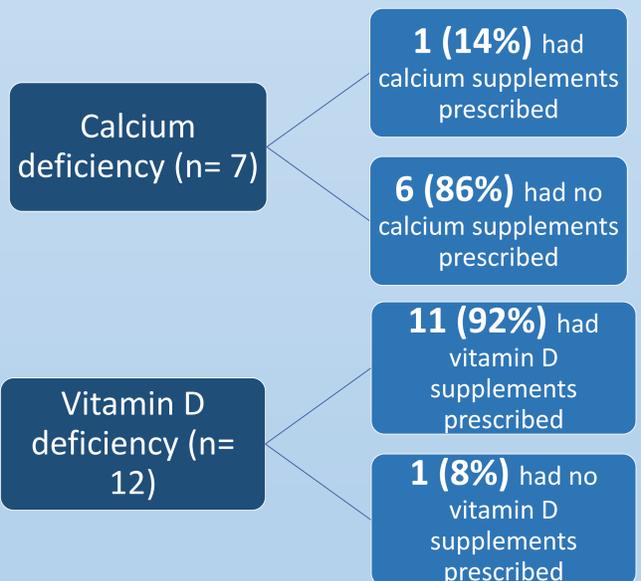
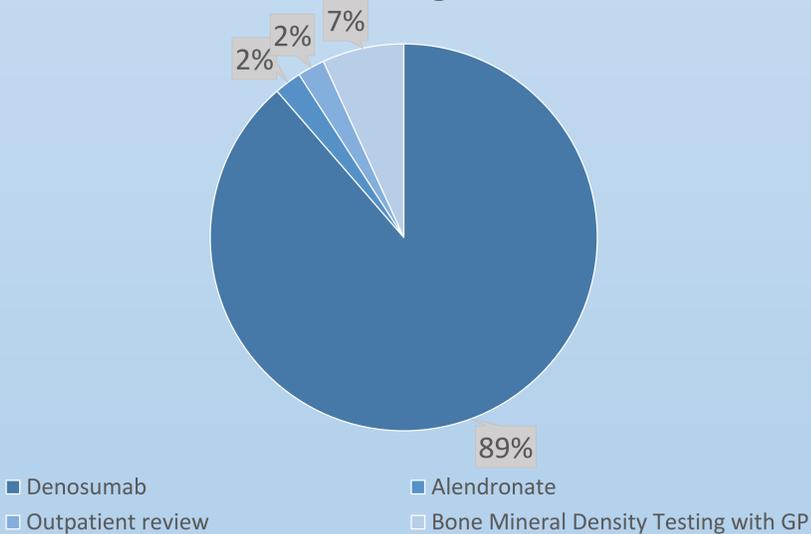


RESULTS

- **53** patients in total were reviewed, **83%** of these patient had documented osteoporosis management plans
- **Denosumab** was the treatment of choice, with it being prescribed for **89%** of the patients
- Calcium and vitamin D level testing were completed in **98%** and **85%** of the patients respectively



Treatment/Management Plans



CONCLUSION

Some gaps in prescribing have been identified, with 17% of patients not receiving any osteoporosis treatment or a documented plan on discharge for GP follow up. Treatment of calcium deficiency also had room to improve. Pharmacists can play a significant role in identifying these patients during their admission and on discharge. Having pharmacists review these patients in a pharmacist outpatient clinic or in fracture clinic post-discharge may help resolve this gap.

References

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