

You Say Bone Health, we Say Posters

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ABSTRACT

Fragility fractures are preventable. an individual's risk of fragility fracture can be predicted, and these fractures are preventable using effective interventions.

Our aim was to assess if we taking the opportunity to assess risks of fractures in susceptible women, if appropriate life style advising and recommendations are offered to support and promote bone health and to identifying missed opportunities and proposing measures to overcome. 25 women between the ages of 50 to 65 were included in the assessment. Risk factors were assessed based on a few specific questions. Results showed lack of awareness and missed opportunities in assessing risk factors.

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Introduction

In 2019, there were 178 million new fractures globally, an increase of 33.4% of the absolute number of new fractures since 1990, partly driven by population growth and ageing. Globally in 2019, fractures accounted for 25.8 million years lived with disability (YLDs), an increase of 65.3% of the absolute YLDs since 1990. Most fractures in older people are due to bone fragility (fragility fractures) Owing to the global population growth and ageing, the annual incidence of total fractures worldwide is expected to continue to increase, driven by fragility fractures(1)Fragility fractures are a major public health issue with rising incidence, disability, and healthcare costs [1,2].

Design

This was a retrospective audit. We looked at 25 women between the ages of 50 to 65. We looked at risk assessment performed in clinic. Data collected between June to September 2023. Based on which, recommendations were suggested.

Methods

Assessment of **risk factors** were based on NICE Clinical Guidance 146.

Family history of osteoporotic fractures

Previous anorexia

Previous fragility fractures

Smoking

Alcohol intake

Associated Rheumatoid arthritis, Premature ovarian failure

Current or previous steroid use

Relevant drug history

We checked if the following **recommendations** were made:

Lifestyle advise

Advise on calcium, Vitamin D, Bisphosphanates

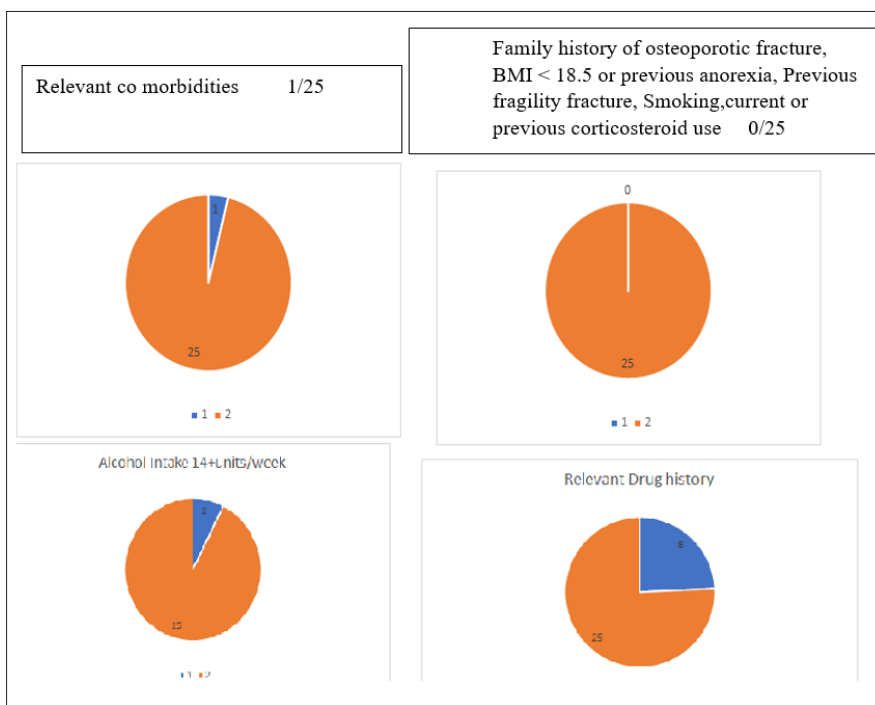
Hormone replacement therapy

Results

Data analysis was carried out using Excel and interpretation is in the form of Pie charts and Bar diagrams

We found that there was a lack in assessment/documentation of risk factors as a routine screening in clinics as interpreted in the following chart:

- Fh osteoporotic fracture - 0/25
- BMI < 18.5 or previous anorexia - 0/25
- Previous fragility fracture - 0/25
- Smoking - 0/25
- Alcohol intake 14+ units/week? 2/25
- Relevant co-morbidities (e.g. Premature ovarian failure, Rheumatoid Arthritis ...) 1/25
- Current or previous corticosteroid use 0/25
- Relevant drug history (aromatase inhibitors, glitazones ...) 8/25



Recommendations for Prevention of Fragility Fractures

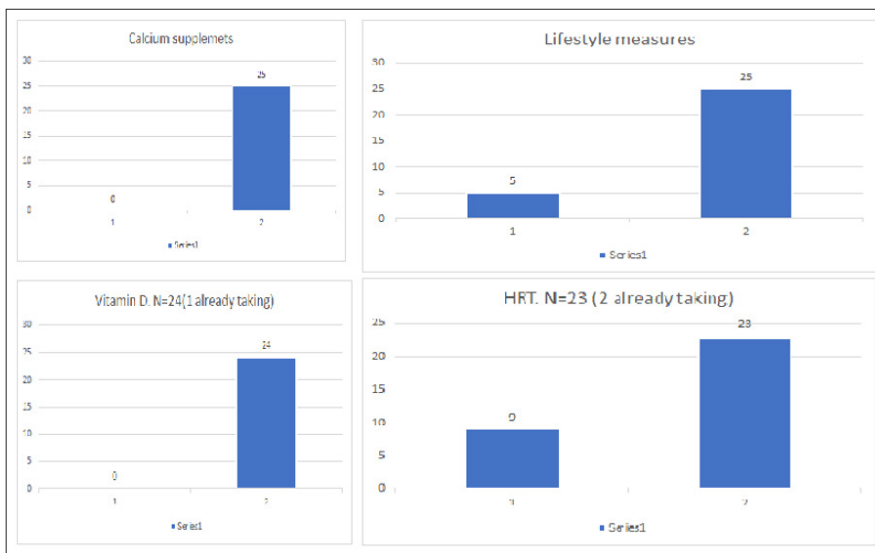
The following chart shows an interpretation of the recommendations made

Lifestyle advise - 5/25

Advise on calcium, Bisphosphanates - 0/25

Vitamin D - 0/24 (N=24 as 1 already taking)

Hormone replacement therapy - 9/23 (N=23, already taking)



Impact Factor

Although, we cannot include all aspects of counselling and awareness in outpatient setting, it is important that women are aware of osteoporosis and measures to reduce fractures. Osteoporosis related fractures lead to morbidity and mortality. Loss of mobility It curtails independent living which is a key to survival in many women. We should also consider the financial impact on the system. Osteoporotic fractures cost the NHS around £4 billion annually and hip fractures account for the occupancy of around 4000 hospital beds in the NHS at any one time across England, Wales and Northern Ireland [3].

Conclusion

We propose a poster in clinical areas. This would be in the form of catchy visual aids to promote bone health. It would serve as reminders to screen in clinic, spread awareness and bring about changes in life style.

We believe this is a simple yet effective measure which would could go a long way in changing someone's quality of life.

References

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