



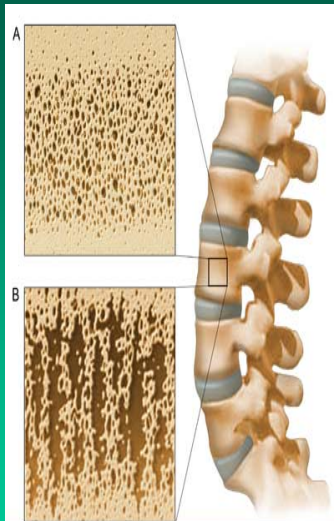
Osteoporosis the Silent Chronic Disease – A Small Rural Health Service Response to the Expanding Epidemic!



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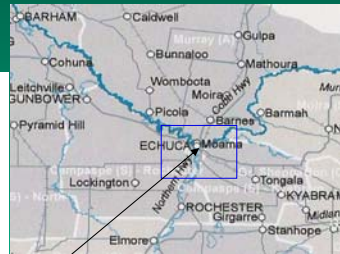


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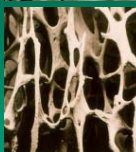
*Clinical Pathway

Geographic location



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Reality



Osteoporosis (low bone mass) affects:

- 10% of Australians
- a major cause of fractures, with considerable morbidity and mortality

a growing socio-economic burden estimated at \$1.9 billion annually



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Eastell et al OLM 2001; 94: 575-595; Roussin et al J Am Acad Ortho Surg 2004; 12:385-395; Lane, WF (2006) Osteoporosis: more than low bone mineral density! Mosckilde L (1990) Consequences of remodelling process for vertebral trabecular bone structure a scanning electron microscopy study Bone Bone Miner 10:15-35

Project design

- National multicentre retrospective audit of patients sustaining a minimal trauma fracture from January 2004 to June 2006
- Follow up communication and assessment strategy



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Aim of project

- To identify and appropriately manage osteoporosis in fracture patients
- To raise awareness of osteoporosis (its cause, treatment, and prevention) in patients and their families
- To prevent future osteoporosis-related fractures



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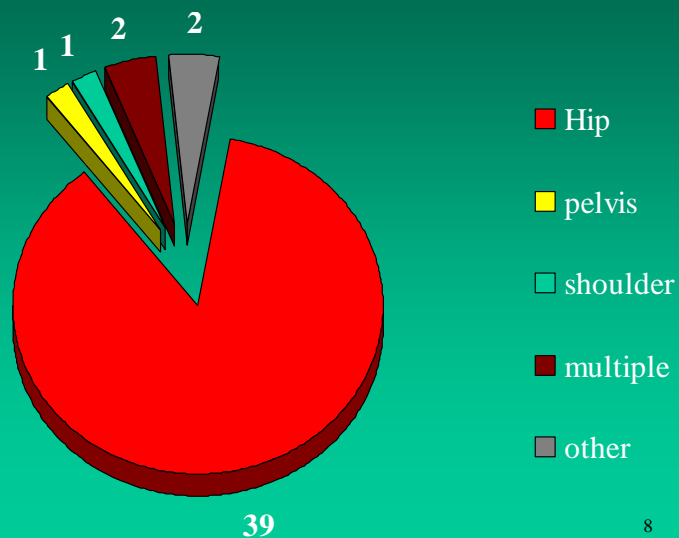
Baseline demographics - National

	Echuca	National
Scope:	Echuca 60 bed rural	17 audits, 16 sites 5 states
Participants:	45	1829
Mean age:	84 years (34 – 97)	76 years (33 - 103)
Gender*: males	23%	24%
females	77%	75%
Hospital admit:	40%	70%
Surgery:	75%	77%



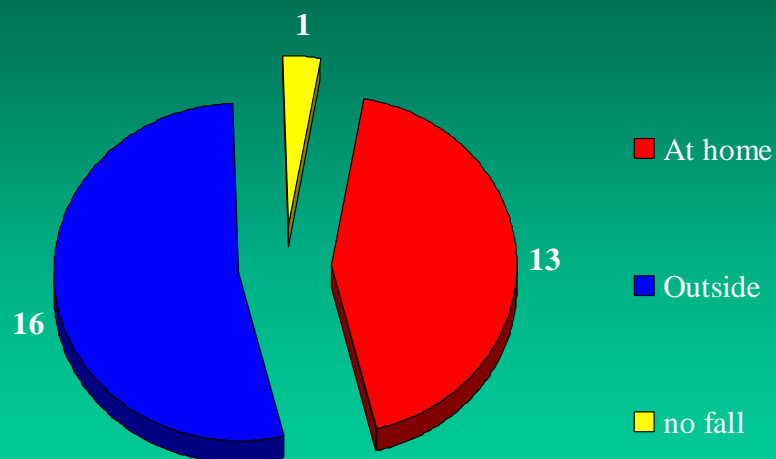
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Fracture location, n = 45



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Fall history , n = 30



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Osteoporosis Risk Factors

- * Family history
- * Alcohol
- * Smoking
- * Oral steroids
- * Early menopause
- * Recent falls

Poorly recorded overall

Nationally and at Echuca < 10%

Except for recent falls 30% recorded at Echuca (12% nationally)

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Osteoporosis Medication

- * Alendronate
- * Etidronate
- * Risedronate
- * Calcitrol
- * Multivitamin
- * Calcium
- * Vitamin D
- * HRT

	Echuca	National
• Pre-admission	0%	27%
• In Hospital	0%	33%



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Osteoporosis Investigations

	Echuca	National
• Creatine	0%	71%
• Calcium	0%	38%
• Vitamin D	0%	15%
• DEXA	0%	3%



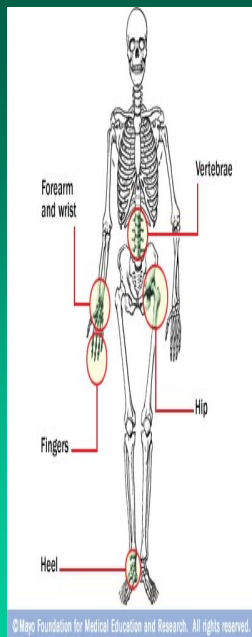
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Summary

	Echuca	National
• Total patients	45	1829
• Osteoporosis risk factors	0-30%	0-10%
• Prior low-trauma fractures	40%	35%
• Pre-admit osteoporosis med	0%	7%
• In-hosp osteoporosis med	0%	7%
• In-hosp investigations	0%	3-71%



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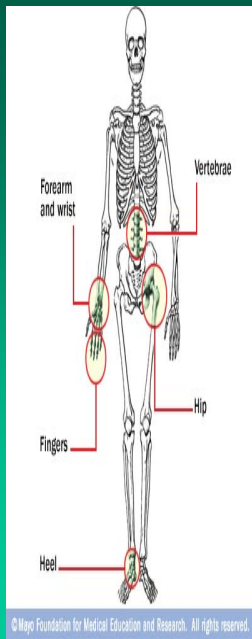
Now what!

Clinical care pathway

Patient's randomised to:

- 'Usual care' – standard GP discharge letter
- OR
- 'Usual care' plus letter to patient re need to follow up with GP

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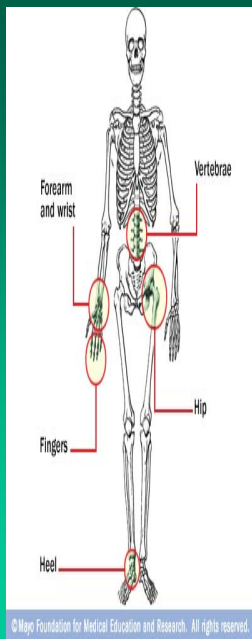


Now what!

Assess if simple patient letter can:

- improve patient compliance in review by GP
- provide a specific trigger for GP review in relation to investigation and treatment
- improve patient adherence to GP's advice

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Now what!

Assessment of outcome by:

- Questionnaire by GP and patient within 6 weeks of discharge (plus patient interview)
- Determine GP and patient barriers to management

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Conclusion

- Patients with minimal – trauma fractures are poorly investigated and treated for osteoporosis.
- High risk of subsequent fracture - missed opportunity to reduce fracture burden.
- Echuca project with a clinical pathway and dual communication channels will assess barriers to management



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ANOTHER DEADLINE...
ANOTHER MIRACLE.



Thank you

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