Assessing the impact of prescribing antiosteoporosis medication after an index fracture as part of a national clinical audit

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Aims

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Methods

To identify what proportion of patients aged over 50 are initiated on bone protection therapy following a fragility fracture.

Results

Fifty fracture liaison services (FLSs) submitted data on 42,000 patients. Of the patients who have a recorded treatment outcome, 23% were recommended for bone therapy and 11% required further clinical input (either by a general practitioner or another clinician). However, there was considerable variation at FLS level, firstly with the decision to treat and then the specific type of bone therapy recommended by FLSs (Table 1).

Conclusion

National Institute for Health and Care Excellence technology assessments 161/204 have provided recommendations for first- and second-line bone therapies after a fragility fracture for FLSs to follow. This audit has demonstrated marked variation between FLSs in the decision to treat and the type of bone therapy. Bone therapies vary in cost but also adherence and potentially effectiveness. These data suggest that local interpretation of national recommendations is significantly impacting therapeutic options offered to patients in the NHS. Better understanding of the contributory factors for this variation will inform future FLS delivery and more effective and efficient medicines management. ■

Table 1. Summary of results

Drug	Mean (%)	IQR (%)	Min–max (%)
Clinical decision not to treat, or inappropriate	30	22–42	0–70
Oral bisphosphonate (alendronate, risedronate, ibandronate)	18	5–27	0–51
Zolendronate	2	0–2	0–32
Denosumab	3	0–2	0–15
Raloxifene	0	0	0–0.4
Teriparatide	0	0–0.1	0–0.4

IQR = interquartile range.

Conflict of interest statement

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