

FFN/AO TRAUMA MEETING, SEOUL/KOREA, JUNE 23RD 2013 — A REVIEW

ISSUE 4, JULY, 2013

THE PRESIDENT'S MESSAGE

By David Marsh, FFN President

There are now just a few weeks to go before the 2nd FFN Global Congress in Berlin and the programme is available to view at www.ffn-congress.com.

We have aimed to include exciting new material and yet still cover all the basic aspects of preventing and managing fragility fractures on a global scale. The main new elements are:

- A much more in-depth and cutting edge look at rehabilitation after fracture surgery, including the Global Hip Fracture Recovery Research Network
- Developing services in emerging economies
- Reports from our new special interest groups on Hip Fracture Registries and the Pathway for Vertebral Fracture Patients
- The International Collaboration of Orthopaedic Nurses
- Health economic arguments for improving services

The basic aspects include:

- Multidisciplinary (especially orthogeriatric) co-management of the acute episode, particularly hip fractures, including the anaesthetic issues
 - Efficient clinical systems for secondary prevention, including falls prevention and the various international campaigns aiming to promote fracture liaison-type services
 - Principles of osteoporotic fracture fixation
 - How to influence healthcare policy change
- If your work is relevant to fragility fractures, whether you're a surgeon, physician, nurse, allied health professional, researcher, manager, or you work in industry, you will find this meeting unique in the world, for the breadth and diversity of its agenda and its participants. I hope to see you there.*

We would like to thank all members who have confirmed their membership with the payment of the fee. Your membership is of utmost importance to FFN in order to grow the network and to spread FFN's message.

FFN's membership is open to professionals in any field relevant to fragility fractures. To join FFN please visit www.ff-network.org

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by Finbarr Martin, Geriatrician, UK, FFN Board

Korea. The next two sessions were clinical case discussions on upper limb fracture treatments, led by Jong Keon Oh, Young Soo Byun and then Michael Blauth discussing the general principles. This was an excellent learning method which stimulated plenty of fascinating discussion.

I spoke about the UK experience of professional collaboration to build a national hip fracture audit program and how this has influenced government policy to create financial incentives to improve clinical care. A roundtable discussion on integrated acute fracture care was led by Australian geriatrician Craig Whitehead with Koreans Byung Woo Min, Cheol Ho Kim and Young Kyun Lee providing expert opinions on various aspects of care.

After lunch we had another interesting case based discussion on the expert approaches to lower limb fractures from orthopaedic surgeons Jar Suk Chang and Eun Ju Lee. Jae Young Lim then discussed the challenges of rehabilitation of these patients and his experience in Korea, and this led on to another roundtable where he was joined by Seong Hwan Moon, Maria Crotty, KS Leung and Ian Cameron as the modera-

tor. We were able to think about the variable approaches from different countries.

The program was excellent and the audience of over 100 people clearly enjoyed the day. The largest contingent was from Korea, but others had come from China (Hong Kong), Japan, Singapore, Taiwan, Australia, and Europe. The date and venue were chosen to coincide with the International Association of Gerontology and Geriatrics (IAGG) congress which opened on the evening of June 23rd. This is the biggest international ageing meeting and we hoped to attract geriatricians and gerontologists who had come for the IAGG. This was not really successful. Indeed, several of the attendees and speakers did attend both events but we attracted several European geriatricians who heard about the meeting only when they arrived in Seoul. This suggests that we need to do more to use our clinical and professional networks to make our meetings known to people who are interested and can support the aims of the FFN.

<https://aotrauma.aofoundation.org>
<http://www.ff-network.org>

FFN combined with the prestigious and long established AO trauma foundation to run a successful meeting in Seoul on the surgical, medical and policy aspects of fragility fracture care. The aim was to enable learning from the experience of colleagues in South East Asia, particularly Korea, and to spread the lessons from elsewhere to promote the collaborative multidisciplinary approach to the care of fragility fracture patients – the core mission of the FF-Network.

The attendees included orthopaedic surgeons (the largest single group with nearly 30 from Korea alone), geriatricians, rehabilitation specialists, and about 12 nurses. After a shy start, the audience contributed greatly to the discussions that our excellent speakers provoked. The international faculty was introduced by our FFN president Professor David Marsh, who spoke first to explain why we need the FFN and the progress made so far. This was followed by excellent accounts of the epidemiology from Hiroshi Hagino from Japan and Yong Chan Ha from

2ND FFN GLOBAL CONGRESS, AUGUST 29-31, 2013 IN BERLIN

by Karsten Dreinhöfer, DE, and David Marsh, UK, both FFN Executive Committee

We invite you to join the 2nd FFN Global Congress in Berlin from August 29 to 31, 2013.

The 2nd FFN Global Congress is the annual meeting of FFN. The scientific program includes plenary sessions, parallel sessions and workshops, poster session and state-of-the-art lectures on Pre and Peri-Operative Assessment, Changing Policy and Practice, Secondary Prevention and further topics.

Update your knowledge and meet your colleagues from around the world in Berlin! Further information and registration: www.ffn-congress.com

THE FFN HIP FRACTURE REGISTRY SPECIAL INTEREST GROUP: AN UPDATE AND INVITATION TO PARTICIPATE

by Colin Currie, UK, FFN Hip Fracture Registry Special Interest Group

Hip fracture is a uniquely serious, well-defined, common and costly injury – a fact recognised by the inclusion of a lively workshop on hip fracture care and audit in the programme for last September’s FFN Global Congress in Berlin.

Hip fracture is also arguably the ideal tracer condition for the current world-wide epidemic of fragility fracture; and – as mass ageing in many populations makes rising incidence inevitable for years to come – optimising its care and outcomes throughout the world is becoming increasingly urgent.

Beginning with Prof. K-G Thorngren’s ‘Rikshoft’ registry in Sweden in the 1980’s, much progress has been made in the audit of hip fracture over the last 30 years, particularly in Scandinavia and the British Isles, with encouraging recent developments in Canada, Australia and New Zealand, Hong Kong and elsewhere. And in the course of the workshop in Berlin it was clear that continuous audit of hip fracture care and outcomes was not simply descriptive; it could facilitate changes in clinical care and service organisation and thus improve care.

Continuous audit was shown to have improved both care and outcomes. Better still, as the quality of care rose, costs could fall. Preoperative delay, poor medical care of inter-

current problems, and sub-optimal rehabilitation all add to the overall cost of care; while early surgery, medical care by a geriatrician, and early multidisciplinary rehabilitation could lead to faster recovery and shorter length of stay. Looking after hip fracture patients well, it seems, is a lot cheaper than looking after them badly.

By the end of the workshop, the idea of a simple common dataset for hip fracture audit – one that would allow relatively straightforward documentation of case mix, care and outcomes; and would facilitate international comparisons and perhaps even support research initiatives – had gained wide support. As a result, a meeting of the FFN Executive earlier this year approved a proposal for the setting up of a Hip Fracture Registry Special Interest Group.

An international Interim Steering Committee has now been convened, bringing together representatives of currently active or emergent hip fracture audits in Australia and New Zealand, Canada, Hong Kong, Ireland, Norway, Sweden, the UK and the USA, and preliminary work on the proposed minimum consensus dataset has begun.

This work may be challenging, since ideally the dataset would offer essential compatibility with the many existing more detailed datasets, and yet pro-

vide a robust and simple – and therefore cheap to collect – means of documenting case-mix, care and outcomes for new entrants to hip fracture audit. However, early progress has been encouraging, and the aim now is to bring a final draft of the minimum consensus dataset to the 2nd FFN Global Congress in Berlin in late August.

At this stage in the development of the Special Interest Group, the steering committee would like to hear from all FFN members who are currently planning, developing or carrying out hip fracture audit on any scale, large or small, or are simply interested in doing so. The intention is that the Special Interest Group thus formed will be able to share expertise and experience in an increasingly important area of fragility fracture work, promote the development of hip fracture audit more widely, and – in the short term – support the work of the steering committee by commenting on the emerging draft minimum consensus dataset.

If, as a member of the FFN, you would like to become involved in this work by joining the Special Interest Group, please respond to an email which will go out to all members shortly. We believe this initiative is timely and potentially influential in the improvement of care and outcomes for hip fracture, and your participation would be most welcome.

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THE DIABETES— OSTEOPOROSIS LINK

by Denise Green, US, FFN Executive Committee

More than 25 million Americans have diabetes. Of these, approximately 5 to 10 per cent have type 1 diabetes and 90 to 95 per cent have type 2 diabetes.

In type 1 diabetes, the body produces little or no insulin. This form of the disease typically appears in children and young adults, but it can develop at any age.

In type 2 diabetes, the body produces insulin but not enough, and the body does not respond properly to the insulin that is produced. This form of the disease is more common in people who are older, overweight, and inactive.

Type 1 diabetes is linked to low bone density, although researchers don’t know exactly why. Insulin, which is deficient in type 1 diabetes, may promote bone growth and strength. The onset of type 1 diabetes typically occurs at a young age when bone mass is still increasing. It is possible that people with type 1 diabetes achieve lower peak bone mass, the maximum strength and density that bones reach. People usually reach their peak bone mass by age 30. Low peak bone mass may increase one’s risk of developing osteoporosis later in life. Some people with type 1 diabetes also have celiac disease, which is associated with reduced bone mass. It is also possible that cytokines, substances produced by various cells in the body, play a role in the development of both type 1 diabetes and osteoporosis.

Recent evidence also suggests that women with type 1 diabetes may have an increased fracture risk, since vision problems and nerve damage associated with the disease have been linked to an increased risk of falls and related fractures. Hypoglycemia, or low blood sugar reactions, may also contribute to falls. On the other hand, increased body weight can reduce one’s risk of developing osteoporosis. Since excessive weight is common in people with type 2 diabetes, affected people were long believed to be protected against osteoporosis.

For additional information on osteoporosis, contact: NIH Osteoporosis and Related Bone Diseases ~ National Resource Center

<http://www.bones.nih.gov>

NORTH AMERICAN CORNER

by Denise Green, US, FFN Executive Committee

NBHA to Host Series of Webinars

The National Bone Health Alliance (NBHA) is hosting a series of 6 free webinars.

The first being held on June 27th, 2013

According to David Lee MPA, these webinars are very informative, free, and very well attended. They are also available online. For more information and dates please contact the Fracture Central Website: www.NBHA.org

Obama Care Kick-off to begin October 1, 2013

'Obama Care' is officially scheduled to start on October 1, 2013. This will begin the next phase of Healthcare Reform in the United States. This new health care plan will allow an estimated 23 million plus previously uninsured Americans the opportunity to receive affordable health care.

National Osteoporosis Foundation (NOF) to increase membership for Nurses

The NOF annual conference is increasing their nursing membership and will be including more nurse-based lectures and workshops. For example, the 2014 meeting next year in Washington DC will have 50% of the conference dedicated to Fracture Liaison Service (FLS) and nurse presentations.

Additionally, the NOF has written a grant proposal to try and capture part of the \$1 billion dollars that will become available from Medicare to be awarded for innovative program models of care such as FLS in the United States.

The NBHA along with "Own the Bone" will be submitting their grant proposal and ask for \$30million dollars for FLS model of care implementation in setting up new FLS programs across the US.

Let's all wish them good luck!

FFN REGIONAL MEETING IN BRAZIL – JULY 2013

by Adriana Braga de Castro Machado, BR, FFN Executive Committee

On July 12th we will have the Second FFN regional meeting in Brazil. Last year, the first meeting took place during the Brazilian Geriatrics Society Congress, and we had a very good audience, composed by geriatrics and gerontologists. Some of them went after to Berlin for our FFN First Global Congress. This year we will have the FFN regional meeting during the Orthopedic Trauma and the Bone and Joint Decade meetings in Rio de Janeiro.

This 2013 FFN regional meeting will cover several topics, such as epidemiological update of fragility fractures globally and, especially, in Latin America, where we expect a great increase in the coming decades. We will also review surgical challenges in vertebral and limb fractures. Other topics are related to perioperative care and rehabilitation of the fragility fracture patient. Finally, discussions regarding pharmacological treatment and the necessity for integrated, multiprofessional care of this very special patient will happen.

Brazil has great variation in health care provision. We do not have any strong policy regarding osteoporosis or fragility fractures. So we hope that organizations as FFN can help us to get good policies implemented. **[Check out the program here!](#)**

INTERNATIONAL COLLABORATION OF ORTHOPAEDIC NURSING (ICON)

by Ami Hommel, SE, FFN Board

The International Collaboration of Orthopaedic Nursing (ICON) is a coalition of national associations of orthopaedic nursing and was established in 2001. The mission of the ICON is to provide an international platform for orthopaedic nurses around the world to come together and work collaboratively to advance the speciality of orthopaedic nursing.

A project grew out of on going discussions among ICON leaders about the growing number of older adults with fragility hip fracture being treated in each of their respective countries. Leading orthopaedic and gerontological nursing experts from seven countries and three continents wrote the paper which has been extensively reviewed by renowned subject experts. The two papers are published in the International Journal of Orthopaedic and Trauma Nurses and can also be down loaded from (www.orthopaedicnursing.org). The recommendations contained in these papers are based on best evidence information gleaned from evidence based research in the literature, standards of care, and expert opinion. The document is intended for use by nurses who care for older patients with hip fracture as well as the nursing managers and educators who collaborate with them.

During 2013 the ICON has started to develop collaboration with the FFN to highlight that both organisations are committed to promoting research aimed at better disseminate globally the best multidisciplinary practice in preventing and managing fragility fractures. To promote research aimed at better treatments of osteoporosis, sarcopenia and fracture and to driving policy change that will raise fragility fracture higher up the healthcare agenda in all countries.

The president of FFN was invited to speak about FFN at ICONs conference in Vancouver held in collaboration with the Canadian Orthopaedic Nurse Organisation CONA in May. The chair of ICON spoke about both ICON and FFN at the International Council of Nurses conference in Melbourne, May 2013 and will do so again at the Australia & New Zealand Orthopaedic Nurses Association (ANZONA) conference in Oct 2013.