FFN Global Congress — September 6 to 9, 2012 in Berlin

by Karsten Dreinhöfer – Congress Chair of FFN

Are looking for a meeting providing the most up to date information on fragility fractures with an emphasis on setting up systems to change practices and stop re-fractures in your health care setting? In September 2012 FFN will hold its first global congress in Berlin with interactive workshops, controversial cases and updates on various topics.

The FFN Global Congress 2012 from September 6 to 9, 2012 in Berlin will provide a state-of-the-art up-date on the latest global practices in this rapidly changing area. Attendees will be exposed to a range of practical content delivered by key opinion leaders in areas such as how to set up a fracture liaison service, how to develop an integrated fracture pathways, recent research findings on the best rehabilitation programs, and scientific advances in bone healing, all delivered in an environment conducive to dialogue, debate and networking.

The FFN Global Congress provides a platform for interaction with leading orthopaedic surgeons, rheumatologists, anaesthesiologists, radiologists, geriatricians, rehabilitation experts, osteoporosis experts, primary care doctors, nurses and allied health professionals from all over the world.

The program contains variable sessions with a focus on multidisciplinary interactions and updates on:

- Peri-operative management
- Fracture management
- Rehabilitation after fracture – functional and social
- Prevention of new fractures
- Research in fragility fractures
- Changing policy

Sick of the talk and want to help stop re-fractures? Then join the Fragility Fracture Network and come to Berlin in September 2012.

www.ffn-congress.com
www.ff-network.org

CLINICAL CORNER – What is your opinion?

by Adriana Braga de Castro Machado – Vice-President of FFN

This section of our newsletter will be open for colleagues who want to bring their view for controversial or difficult cases regarding fragility fractures. The appropriate treatment for secondary prevention after a fracture is well established for most of the population, but there are cases that challenge you to find alternative ways or to assume that drug treatment may not, in specific cases, be the best approach.

To open this corner I will present a common case in a fracture liaison service, but with controversial issues. In our website you will be able to leave your opinion and your likely conduct, as a contribution to a discussion forum during the next two weeks. After that we will summarize the opinions.

G.C. is an 88 year old Caucasian man that had an appointment in a fracture liaison service. Two months ago, he had a trochanteric fracture in his left hip, when he fell from his bed. One week after the surgery, he had a DVT in the contralateral leg, even after using prophylactic treatment with enoxaparin. After two weeks he was discharged from the hospital to his home, where Mrs. M.C., his 82 years wife, looks after him.

Eight years ago Mr. G.C. was diagnosed with Alzheimer Disease, and for two years he has been bedridden and totally dependent and with severe cognitive impairment. During this time, he had some incidence of pressure ulcer in sacrum area and two subsequent pneumonias. He is currently taking daily: rivastigmine 12 mg, risperidone 0.5 mg, losartan 50mg and warfarin 2.5 mg. His recent blood test was normal for electrolytes, glucose, creatinine: 1.4 mg/dL, CBC with slightly decreased hemoglobin (11mg/dL), vitamin D 25 (OH): 13 ng/mL. His DXA results are: L2-L4- BMD 0.578 g/cm2 (T-score of -4.3) and right hip: Neck – 0.380 g/cm2 (T-score of -4.2) Total Hip: 0.462 g/cm2 (T-score of -3.9).

What are your considerations about Mr. G.C. treatment?

Some highlights to consider during the management decision in this case: A hip fracture patient, in an advanced stage of Alzheimer Disease who is bedridden and diagnosed with a recent deep vein thrombosis and pneumonia:

- High Risk Patient for Re-fracture
- Secondary Fracture Prevention workup
- Oral bisphosphonates for a bedridden person
- Deep vein thrombosis treatment
- May consider Teriparatide or Zoledronic acid
- Cost and administration of treatments and benefits
- Comorbidities

What is your opinion?

[Click here and join our discussion online! (Login with your Facebook, Google or any other account)]
**NAON Position Statement on Osteoporosis and Bone Health**

**Issue:** The incidence of osteoporosis, a disease characterized by low bone mass and deterioration of bone tissue leading to increased risk of fracture, is rising along with the costs related to medical care and loss of productivity associated with increasing fracture rates. The call to action and challenges of responding to the osteoporosis epidemic has been outlined in Bone Health and Osteoporosis: A Report of the Surgeon General (U.S. Department of Health and Human Services, 2004). Key stakeholders have been slow in responding to the Surgeon General’s recommendations to increase awareness of effective strategies for preventing and treating osteoporosis (National Coalition for Osteoporosis and Related Bone Disease, 2008). In addition, recognition of fragility fractures as “red flags” signaling the indication for bone health screening and treatment when indicated has not become the standard of care as recommended by the surgeon general. Screening and management of osteoporosis following a fracture occurs in only 20.7% (National Committee for Quality Assurance, 2010). Osteoporosis-related fractures cost our health care system over $19 billion each year (American Academy of Orthopaedic Surgeons, 2008). Early diagnosis and treatment of osteoporosis can dramatically reduce fracture rates, generate substantial savings and improve the quality of life of millions of Americans (Dell, Greene, Schelkun, & Williams, 2008).

**Position:** The National Association of Orthopaedic Nurses (NAON) supports the development and implementation of programs which focus on bone health and osteoporosis related education, prevention and research, which would allow for educational outreach to nurses, patients, and other health care providers. This includes actions such as referring first time fragility fracture patients for osteoporosis diagnostic testing and treatment and including the FRAX assessment in musculoskeletal assessments. Additionally, NAON supports the development of comprehensive bone health, osteoporosis and related bone disease surveillance and prevention programs, and expanded research activities for osteoporosis prevention and treatment. Furthermore, NAON recognizes these efforts are best implemented in partnership with other interested stakeholders. Consequently NAON supports membership in The U.S. Bone and Joint Initiative and organizational alliance with Own The BoneTM.

**References**


**FFN Facts & Figures**

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**Issue 1, February, 2012**

**National Bone Health Association—A Portrait**

The National Bone Health Alliance (NBHA or Alliance) is a public-private partnership that brings together the expertise and resources of partners from the non-profit, public and for-profit sectors.

The NBHA is a platform that allows all voices in the bone health community to harmonize to deliver clear, concise messages about bone health by facilitating ongoing dialogue among interested individuals and organizations engaged in bone health activities and identifying shared priorities and projects that can become reality through pooled funding.

NBHA is developing three initial projects: a secondary fracture prevention initiative, public and health professional awareness campaign, and bone turnover marker standardization project. In addition, NBHA serves as an advocate for topics important to bone health, most notably Vitamin D, Calcium, dual energy x-ray absorptiometry (DXA) reimbursement and utilization and the long-term use of bisphosphonates and other therapies.

The members of the Alliance are working from a shared vision: to improve the overall health and quality of life of all Americans by enhancing their bone health.

The NBHA’s areas of focus include:

- Promote bone health and prevent disease
- Improve diagnosis and treatment

Enhance research, surveillance and evaluation

NBHA News

Read the NBHA’s written comments submitted in support of the September 9 joint meeting of the FDA Reproductive Health Drugs and Drug Safety and Risk Management Advisory Committees on the benefits and risks of the long-term use of bisphosphonates.

Read the second issue of the NBHA newsletter, Eye on Bone Health.
The Patient’s Perspective on the Decision to Take Osteoporosis Medication

By Joanna E.M. Sale1,2 and Dagmar K. Gross3

The decision to take OP medication was not permanent for many participants, regardless of whether the decision was ‘easy’ or ‘difficult’. Patients indicated they might be persuaded to start or stop taking medications, depending on a number of circumstances. Since their decisions may change over time, patients could benefit from ongoing discussions with their physicians, to assess their willingness to continue the medication, to ensure they understand the benefits of taking medication over the long term, and to potentially influence the decision to initiate or resume medication.

REFERENCES
FRAGILITY FRACTURE: PROGRAMS, INITIATIVES, AND ACTIONS IN ITALY

By Umberto Tarantino, Nominations Committee Member of FFN - Full Professor in Orthopaedics and Traumatology - Musculoskeletal Apparatus Diseases at Tor Vergata University in Rome and Chairman of Surgical Department at “Policlinico Tor Vergata” Foundation in Rome.

Over recent years in Italy osteoporosis and fragility fractures are emerging as dominant themes in the Orthopaedic scene.

In our country, the Ministry of Health is emphasizing the problem of the osteoporosis and fragility fractures and is acting with the aim to reduce their incidence.

In Italy there are more than 270’000 fragility fractures per year and of these more than 50% are not admitted to the hospital ward. The fractures are treated only under emergency measures and are not included in the total population, giving us only a partial number compared to the actual number. Thus, the Ministry of Health formed a dedicated multidisciplinary working group on osteoporosis and fragility fracture that advises on methods to evaluate the real burden of osteoporosis fractures and indication and on how to prevent them. This is clearly indicating that the Italian government is now considering fragility fractures as a high priority in the national health system.

In 2010 this group brought a ‘Health book’ that identified the need for action on tertiary prevention on fragility fractures. To testify the importance that the ministry is giving to the problem of fragility fractures, there is the phrase of the health minister Ferruccio Fazio, who, in the introduction to the ‘Health book’, wrote: “The fragility fracture constitutes a major challenge for health systems of Western countries, for their growing number associated to a constant increase in old aged population”.

The primary goal of the working group was to create ‘indicators’ that would allow the ministry of the health to follow the evolution of the fragility fracture incidence in a timely and appropriate manner.

The ministry was therefore advised to create the RIFF (Italian Registry of Fragility Fractures) that will be populated with data provided by emergency departments in order to identify those fragility fractures that do not result in hospitalization and are not traceable via the dismissal diagnosis system such as vertebral fractures.

Starting from a pilot study that will involve different regions we will record all the fractures whose anamnestic framework indicates that the fracture was due to a low energy trauma.

With regard to actions that are being implemented in Italy for the prevention of fragility fractures, we are aiming to establish a Fragility Fracture Unit (FFU) that sees many specialists involved (radiologists, endocrinologists, physiatrists...), who may act together with the orthopaedic surgeon to best treat the fragility fractures.

In Italy, the SIOT (Società Italiana di Ortopedia e Traumatologia - Italian Society of Orthopaedics and Traumatology) has also established a ‘Commission on osteoporosis and bone fragility’, of which I am honoured to be the Coordinator, and which deals with projects and initiatives on the prevention and treatment of this disease. An example is the ‘Recommendations for the management and prevention of fragility fractures’ presented to SIOT national congress in 2009.

Furthermore a special project called ‘STOP alle fratture’ – ‘STOP to fractures’, that involved different societies as GISOOS (Gruppo Italiano di Studio in Ortopedia dell’Osteoporosi Severa), ORTOMED (Società Italiana di Ortopedia e Medicina), SIOMMMS (Società Italiana dell’Osteoporosi, del Metabolismo Minerale e delle Malattie dello Scheletro), SIOT and SIR (Società Italiana di Reumatologia), recently started in several Italian regions. Its aim is to reduce the risk of a new fracture after a first hip fracture, raising the population to the problem through the media.

Several Italian societies are on the frontline to make aware orthopaedic specialists to the need to treat the patient not only from a surgical point of view but also for the problems related to diagnosis and treatment of fragility fractures. Among them GISOOS, which I chair, has got for many years as a primary objective to create and organize frequent educational projects to improve the appropriateness of the diagnosis and treatment of fragility fractures through the formative project GOST (Gestione dell’Osteoporosi Severa in Traumatologia - Management of Severe Osteoporosis in Traumatology).

Finally, to demonstrate the attention on this area, I’ll be at the head of the organization of the hundredth SIOT National Congress in 2015 in Rome where one of the two main topics will be entirely dedicated to fragility fractures in metabolic bone diseases.

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