



Fracture Liaison Service in Denmark

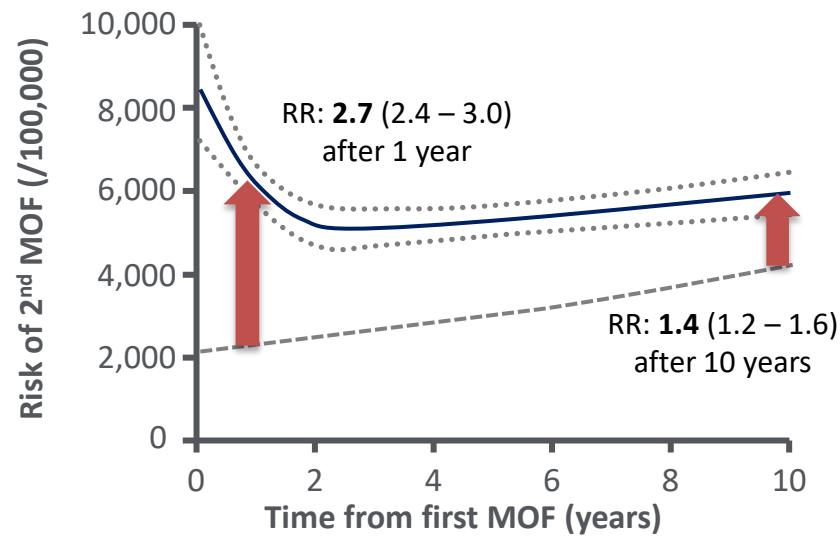
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Fracture Liaison services

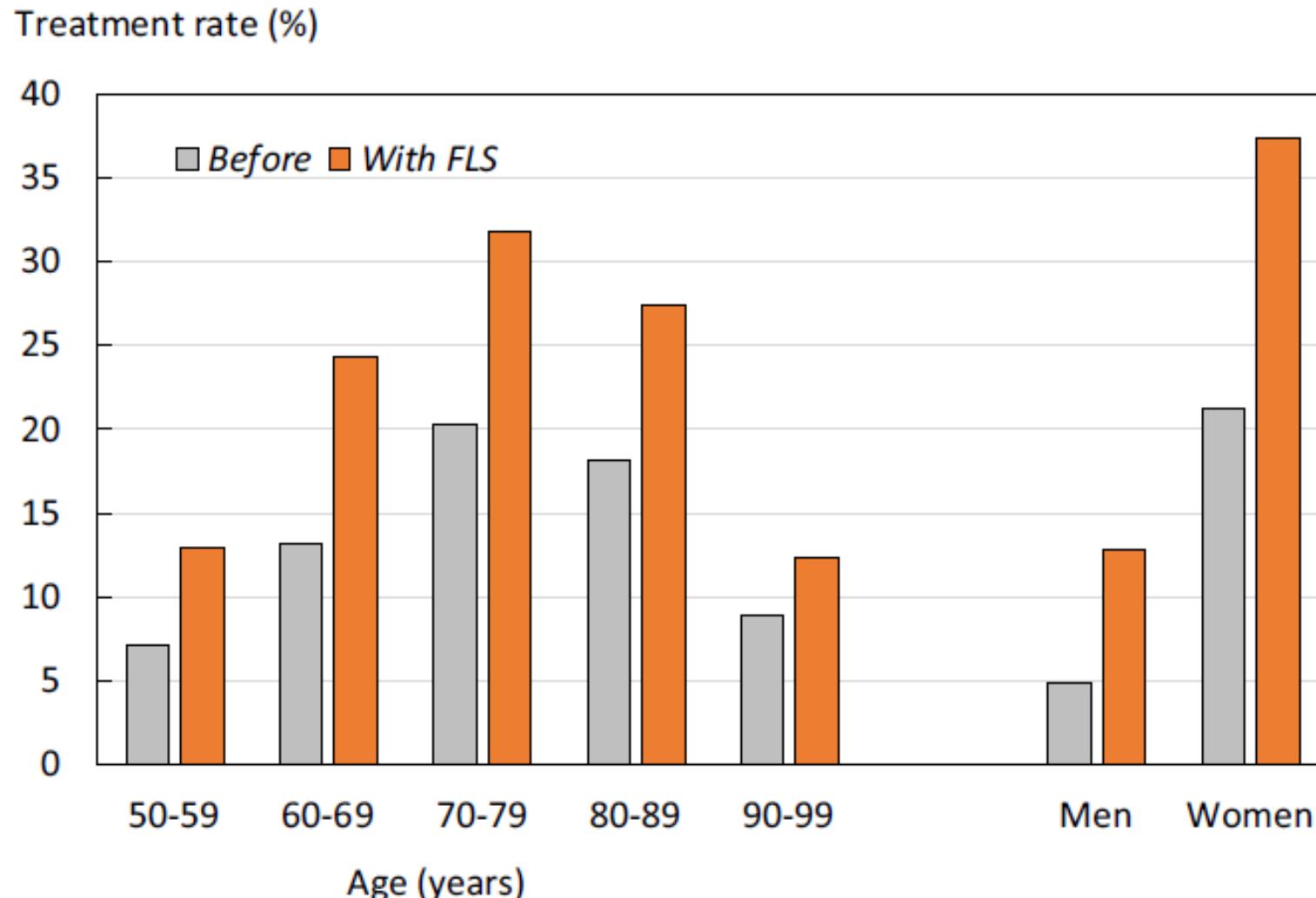
Fracture Liaison Service, commonly known as FLS, is a coordinator-based, multidisciplinary model of care for secondary **fracture** prevention

Imminent fracture risk



The risk of a 2nd fracture remains above the risk of a 1st fracture

Identification of patients at high risk Experience with FLS from Sweden



Identification of patients at high risk Experience with FLS from UK



RESEARCH ARTICLE

Reduced mortality and subsequent fracture risk associated with oral bisphosphonate recommendation in a fracture liaison service setting: A prospective cohort study

Tineke A. C. M. van Geel^{1*}, Dana Bliuc², Piet P. M. Geusens^{3,4}, Jacqueline R. Center^{2,5,6},
Geert-Jan Dinant¹, Thach Tran², Joop P. W. van den Bergh^{4,7,8}, Alastair R. McLellan⁹, John
A. Eisman^{1,2,5,6,10,11}

Identification of patients at high risk Cost-effectiveness of FLS in the UK

Osteoporos Int (2011) 22:2083–2098
DOI 10.1007/s00198-011-1534-0

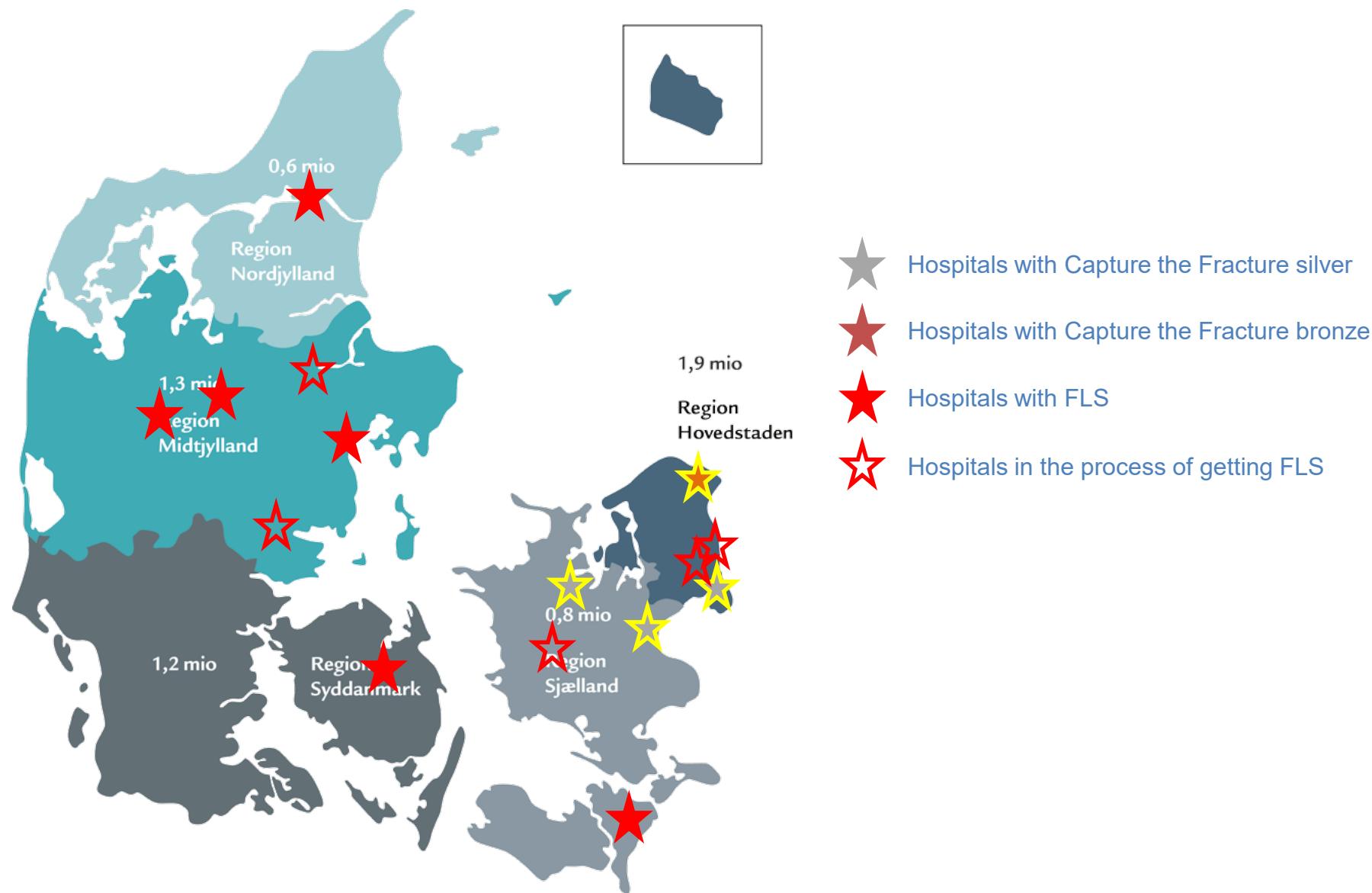
ORIGINAL ARTICLE

Fracture liaison services for the evaluation and management of patients with osteoporotic fracture: a cost-effectiveness evaluation based on data collected over 8 years of service provision

A. R. McLellan · S. E. Wolowacz · E. A. Zimovetz ·
S. M. Beard · S. Lock · L. McCrink · E. Adekunle ·
D. Roberts

Conclusions FLSs are cost-effective for the prevention of further fractures in fragility-fracture patients. The cost of widespread adoption of FLS across the UK is small in comparison with other service provision and would be expected to result in important benefits in fractures avoided and reduced hospital bed occupancy.

Fracture Liaison Service in Denmark



Fracture Liaison Service

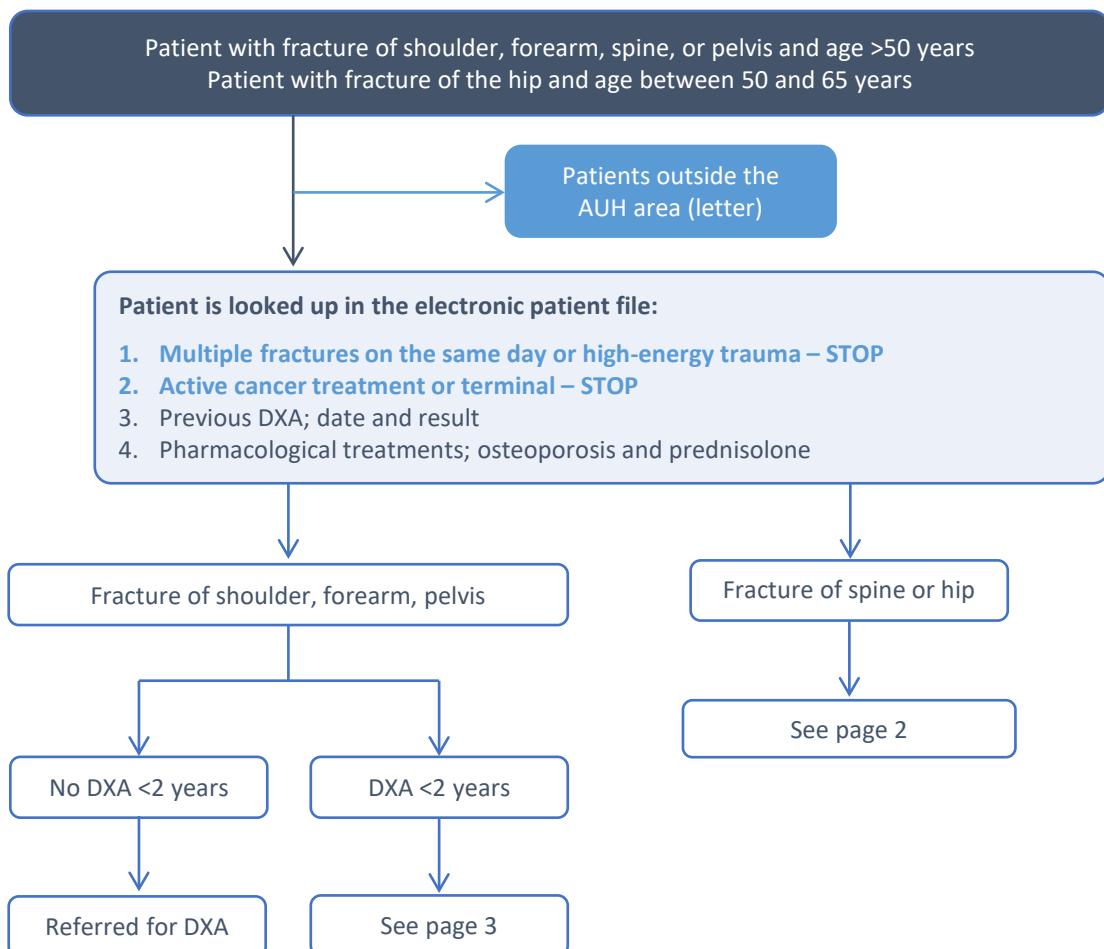
The Aarhus model

- Context
 - 2000: First meetings with orthopedic surgeons
 - 2015-18: PhD project¹
 - 2021: Political decision: FLS should be implemented at all hospitals in Region Midt, however, no budget
- Aarhus University Hospital
 - 2021: Dept of Endocrinology allocated 1 full time nurse and 1 part time bone specialist to FLS
 - Embedded in the outpatient bone clinic (2 professors, 3 consultants, 4 nurses, secretaries)
 - Focus: Patients that potentially would fulfill criteria for romosozumab or teriparatide
 - Note: Patients 65+ with hip fracture are managed by the dept of geriatrics

¹Tei RMH et al. Calcif Tissue Int 2019 104:102-114, Tei RMH et al. Calcif Tissue Int 2019 104:641-49

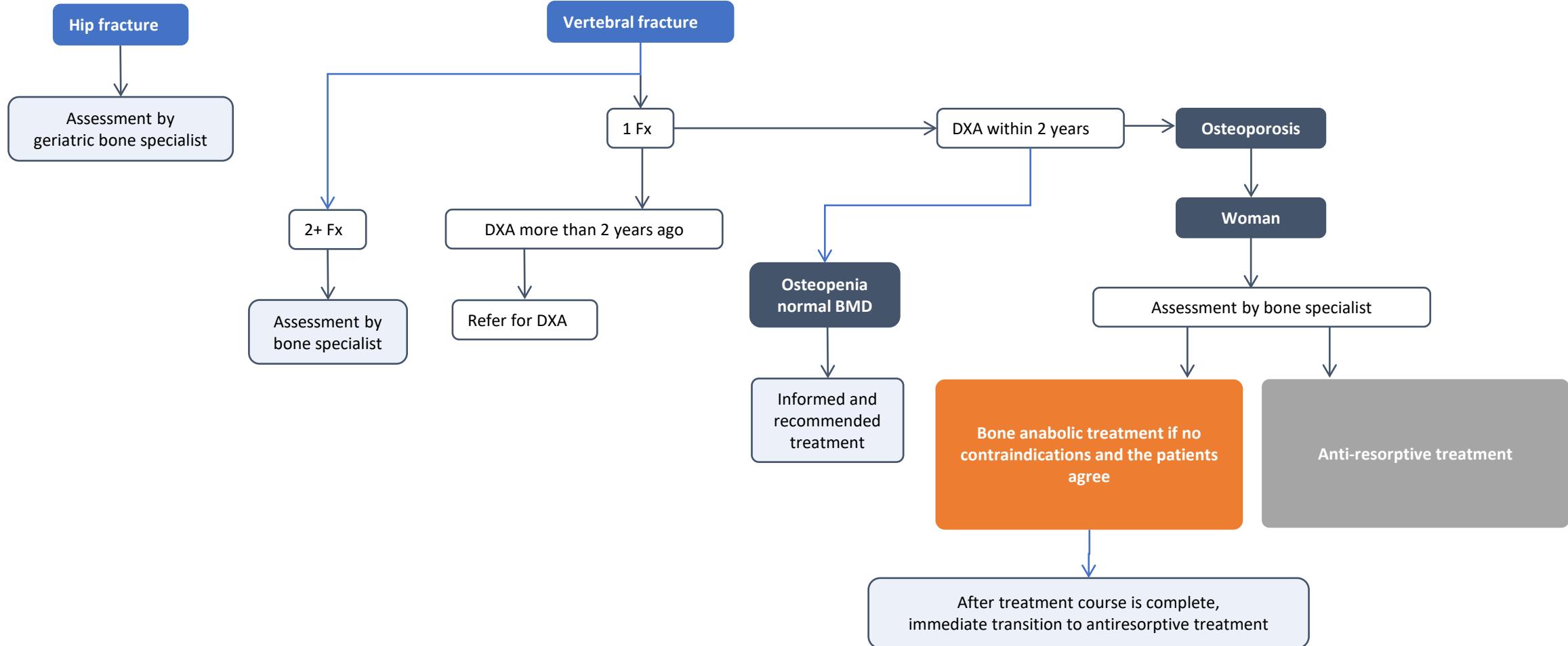
Fracture Liaison Service

The Aarhus model



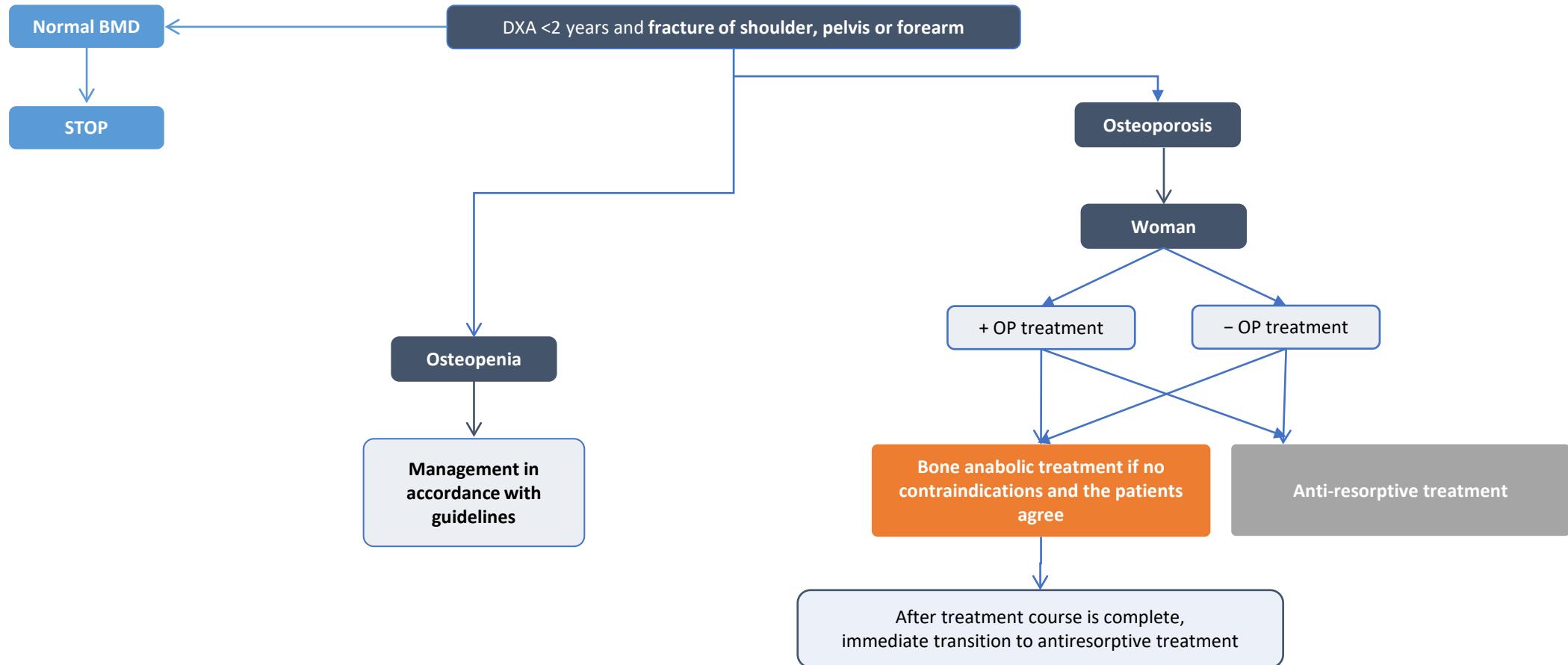
Fracture Liaison Service

The Aarhus model – hip and vertebral fractures



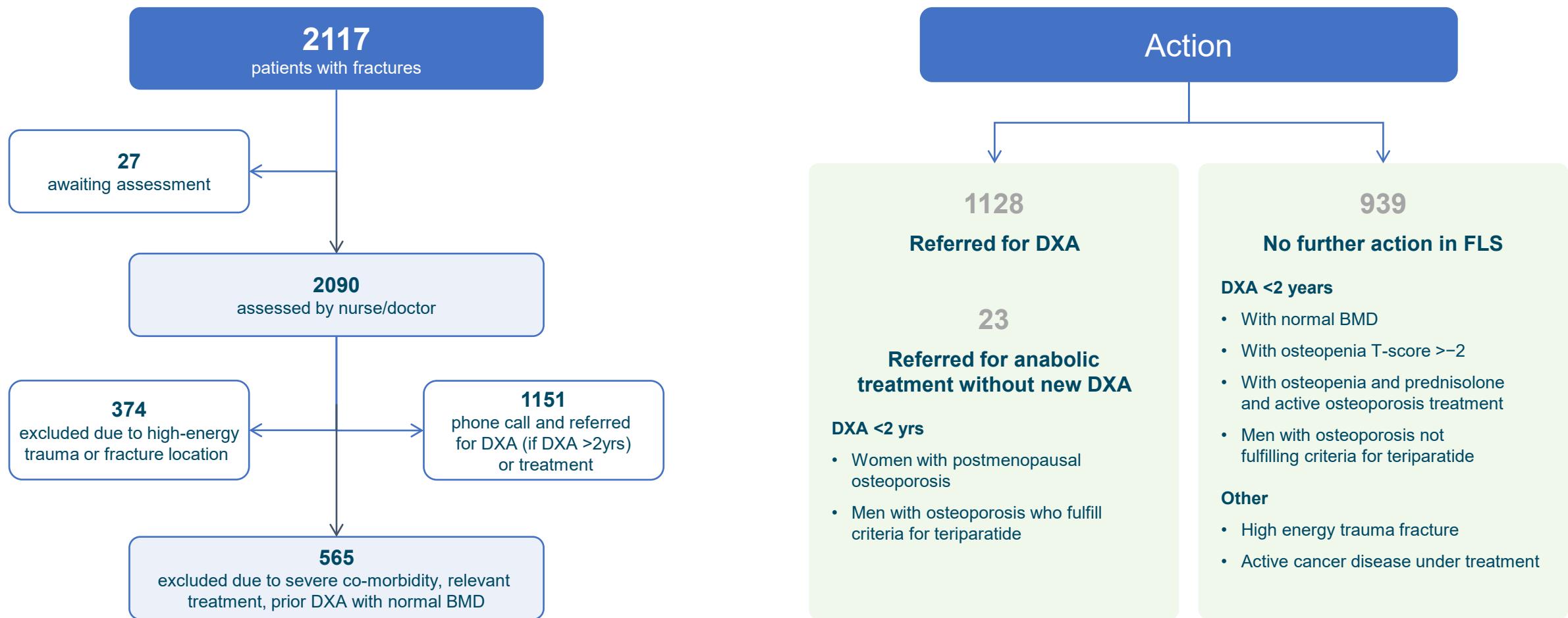
Fracture Liaison Service

The Aarhus model – non-vertebral fractures



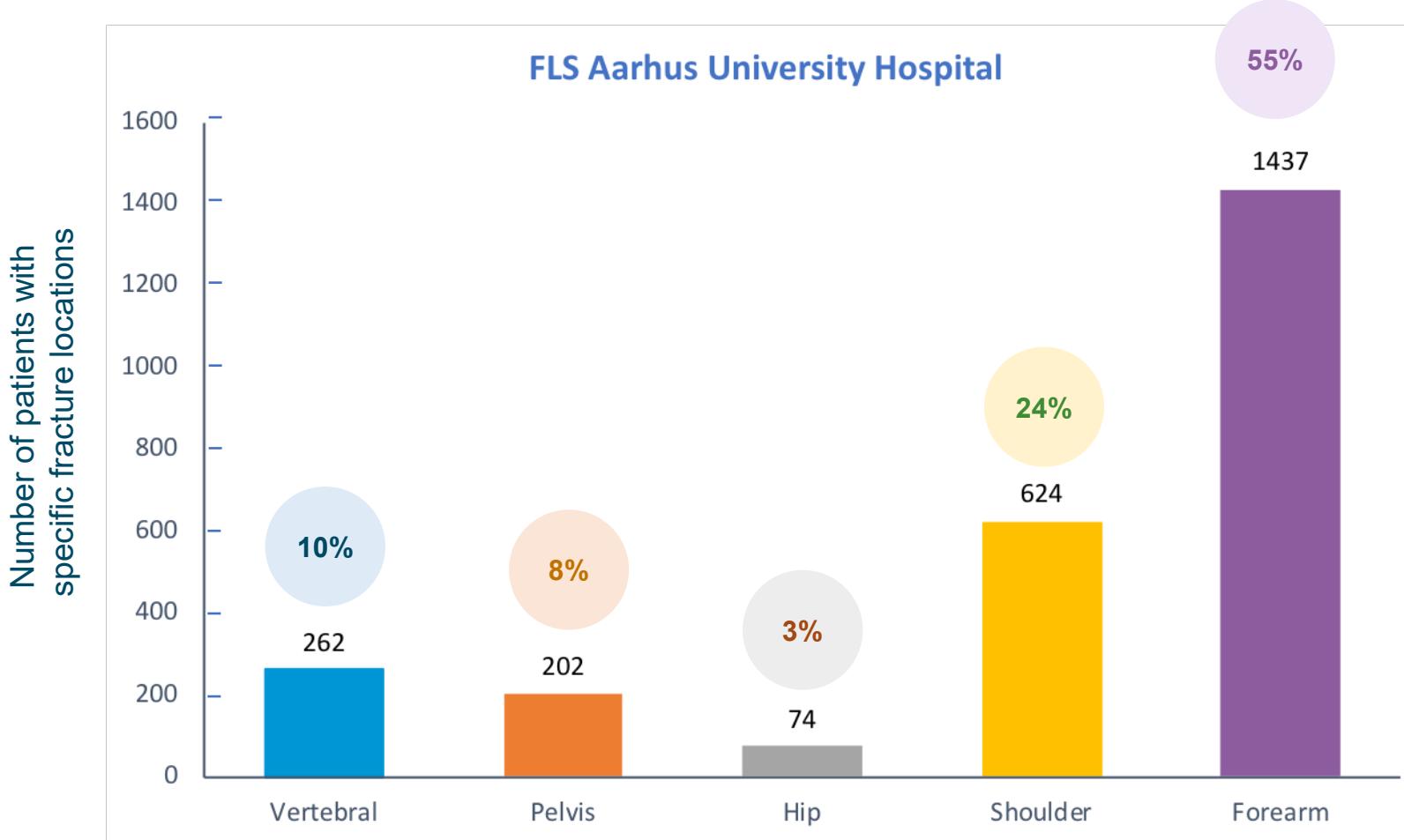
Fracture Liaison Service

The Aarhus model – outcome after 22 months



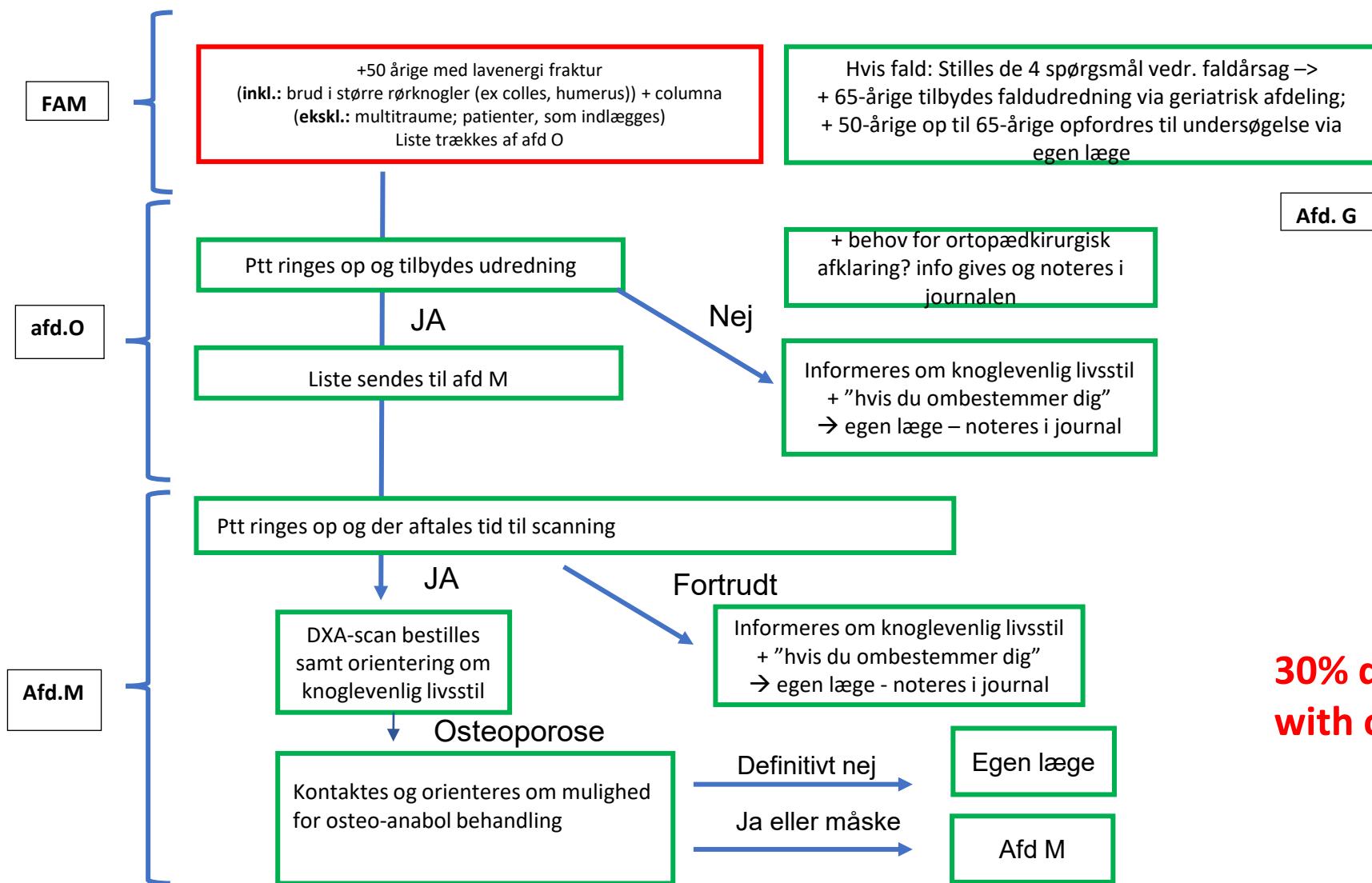
Fracture Liaison Service

The Aarhus model – outcome after 22 months



Fracture Liaison Service

The OUH (Odense and Svendborg) model



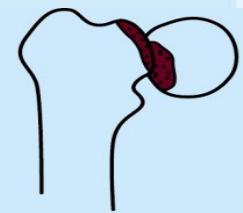
**30% diagnosed
with osteoporosis**

Fracture Liaison Service – Aalborg Universitetshospital

- Systematisk opsporing af alle 50+ år med fgl. brud
 - Overarm
 - Underarm
 - Ryg
 - Hofte
 - Bækken
- Der er ca. 3.300 sådanne brud i Region Nord per år – hidtil er ca. 700 per år blevet henvist til DXA, dvs. 2.600 ekstra skal tilbydes scanning (1.800 i Aalborg UH's område og ca. 800 i Regionshospitalets område)
- https://rn.dk/om-region-nordjylland/budget-og-regnskab/budget-/media/Rn_dk/Om-Region-Nordjylland/Budget-og-regnskab/Budget-2023/1-Budgetkatalog.ashx

Fracture Liaison Service – Aalborg Universitetshospital

- Alle med disse brud identificeres automatisk via koder fra skadestuerne
- De relevante ptt. tilbydes DXA scanning
- Svar på dette til e.l. med råd om behandling
- Følgende vurderes individuelt
 - DXA indenfor 2 år (skal behandlingsvalg ændres)
 - Cancer (terminale patienter indkaldes ikke)
 - Demens (svært demente patienter, der ikke kan kooperere indkaldes ikke, ved tvivl brev til e.l.)



**Evaluation of a FLS with osteoporosis-nurses
screening hospitalized hip fracture patients for
later follow-up in the osteoporosis outpt-clinic**

**Jens-Erik Beck Jensen, Jette Nielsen, Dorthe
Sørensen, Lars Hylstrup, Henrik Palm.**

Osteoporosis Clinic & Hip Fracture Care Unit

Copenhagen University Hospital Hvidovre, Denmark

Methods: Osteoporosis Clinic

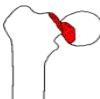
FLS during hospitalization in the Hip Fracture Unit:

- * Blood-tests (D-vit, Ca⁺⁺, PTH, etc.)
- * Interview / conversation bedside by FLS-nurse

3-6 months

Osteoporosis Out-Patient Clinic:

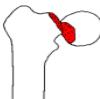
- * Blood-tests and DXA-scan
- * Interview / conversation with physician
- * Medical treatment (Start – Continued – Changed)



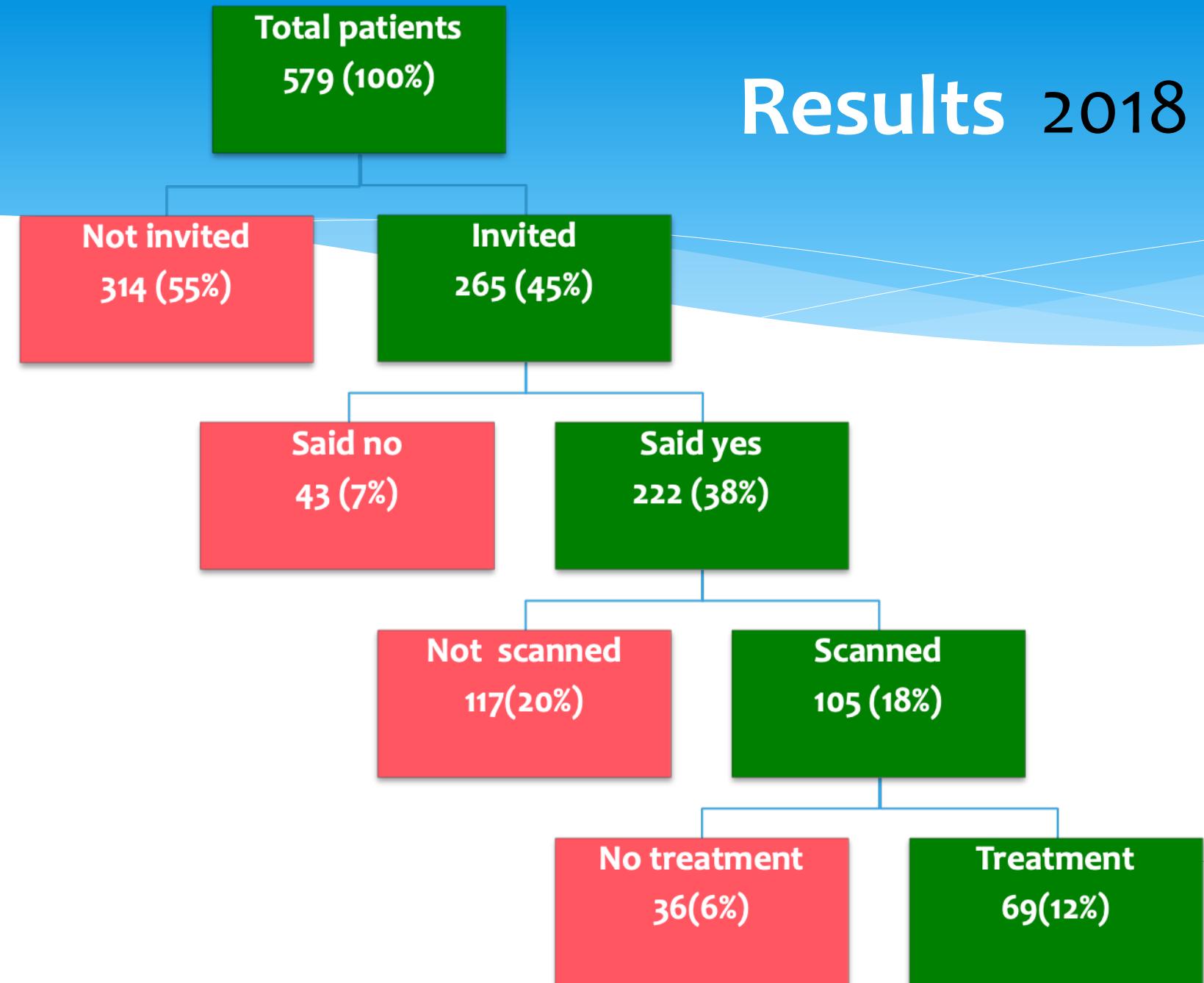
FLS-algorithm for **not** inviting

Evaluating mental status, age and co-morbidities:

- * Dementia + age >90 years
- * Dementia + low mobility (NMS ≤ 1)
- * Dementia + Apoplexy / Parkinson's disease
- * Not motivated for training, food or oral fluids
- * Reject of all treatment
- * Poor general condition / expected lifetime < 1 year



Results 2018



Conclusion

- * This FLS model reached about 20% to treatment
- * Patients could be selected for invitation
- * Invited patients not showing up is challenging
- * 65% of the patients have vertebral fractures
- * Osteoporosis treatment increases T-score
- * 94% of the patients fulfill the criteria for osteoporosis

New actions required to further increase the
rate of secondary osteoporosis prevention



Fracture Liaison Service in Denmark

- Status
 - Very slow uptake
 - Little political interest
 - No national database – yet
 - Patients are surprised and impressed by the service
 - FLS nurses find FLS very interesting and meaningful
 - More statistical analyses
 - Long-term data

Thank you for your attention

