CALL TO ACTION FOR SECONDARY PREVENTION OF OSTEOPOROTIC FRACTURES IN SPAIN

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BACKGROUND

Patients with a fragility fracture are at higher risk of new fractures compared to the general population [1]. Therefore, most guidelines advise osteoporosis treatment to reduce the number of new fractures [2]. However, a significant care gap exists in the management of patients at risk of fractures [3]. It is time for a "call to action" to the professionals involved in fragility fracture management.

OBJECTIVE

To establish a multidisciplinary expert-consensus on secondary prevention of fragility fractures in Spain.

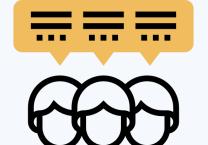
MATERIAL AND METHODS



Observational study based on a two-round **Delphi consensus**.

Figure 1. Delphi consensus development





- Survey: 43 items assessed in a 7-point Likert scale (1= totally disagree; 7= totally agree).
- Perspectives: Current (present situation), Wish (optimal situation), Prognosis (feasibility).
- Consensus (Wish, Prognosis): ≥75% disagreement (points 1-3) or agreement (points 5-7). Items without consensus in the 1st round were assessed in a 2nd round.

RESULTS

Figure 2. Delphi panelists



N= 69

51.8 years (10.1) Mean age (SD)



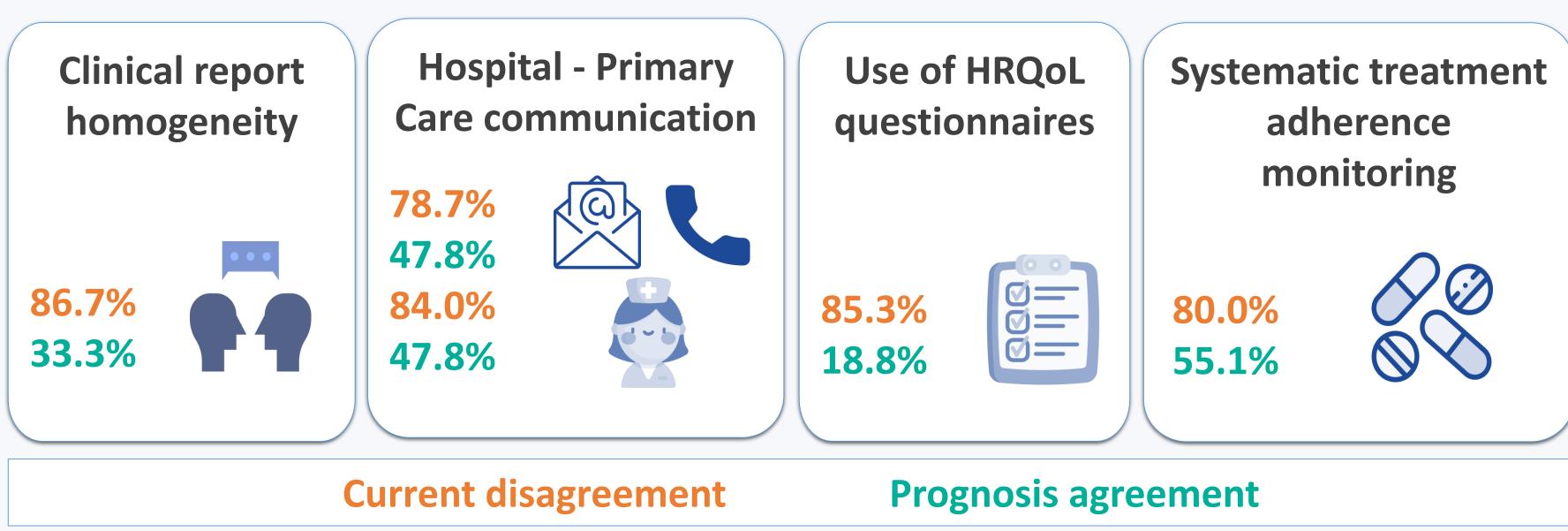


21.3 % **Primary care** physicians



14.7 % Geriatricians Consensus. Wish: 100% of items, Prognosis: 58.1% of items.

Figure 3. Main gaps identified to be improved in the future for an effective secondary fracture prevention



HRQoL: Health-related quality of life

CONCLUSIONS

Multidisciplinary consensus was achieved regarding several strategies to be implemented to optimize secondary fracture prevention in Spain. Clinicians and policy makers efforts should focus on the issues with greatest divergences between current application and prognosis and highest likelihood of success after implementation.



Conflicts of interest

Casado E has received fees for lectures and/or participation in advisory boards from Amgen, Lilly, UCB, Rubió and Theramex. Blanch J has received consulting fees from: Amgen, Lilly, Lacer Farma, and gebro Pharma. Carbonell C has received consulting fees from Amgen and Rubió. Bastida JC has received fees as a speaker or remuneraton for attendance to Congresses from: Almirall, Amgen, Boehringer, Bayer, Esteve, Grunenthal, GSK, FAES, Ferrer, MSD, Pfizer, Rovi and Recordati. Pérez-Castrillón JL has ownership or partnership of Farmalider and has received consulting fees from: Amgen, Lilly, MSD and FAES. Canals L works at Amgen and hold stock in Amgen. Lizán L has received consulting fees from Novartis, Bristol Myers Squibb, Sanofi, Boehringer Ingelheim, Nestle Health Science, Celgene, Gilead and Merck; and has participated in speaker bureaus for Lilly, IESE, EADA and Roche.

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References

1. Center JR, Bliuc D, Nguyen T V., Eisman JA. JAMA. 2007;297:387. 2. Holder KK, Kerley SS. Am Fam Physician. 2008;78:579–81. 3. Kanis JA. Osteoporos Int. 2017;28(7):2023-2034