

4° Congresso Nazionale FFN Italia

Appropriatezza, Qualità e Sostenibilità del Percorso OTG
19-20 Gennaio 2024

La FLS: un modello efficace per la prevenzione della ri-frattura e riduzione della mortalità?

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Passione per il Lavoro e... Gioia di Vivere

«Regressione
Logistica
Condizionale»

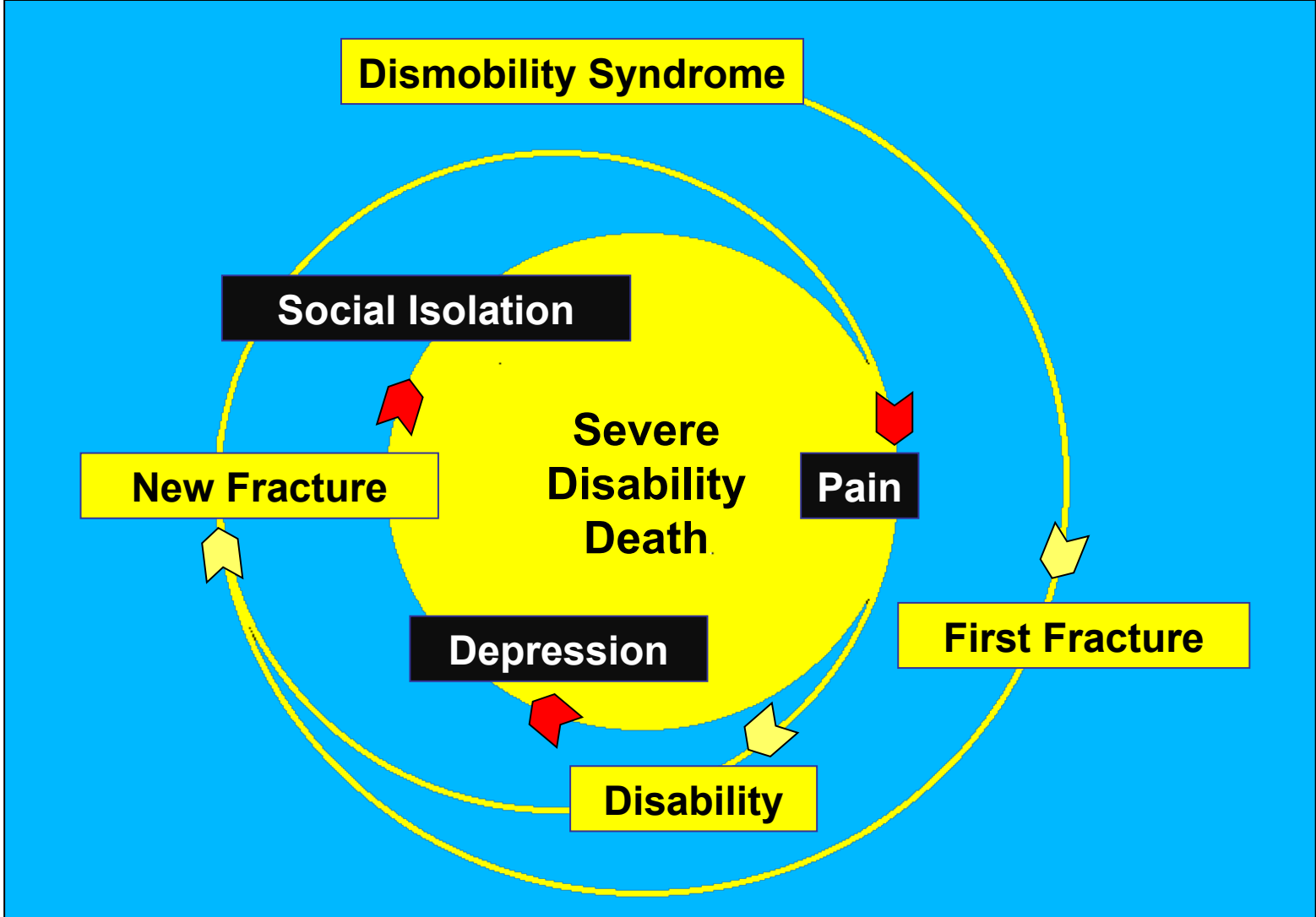


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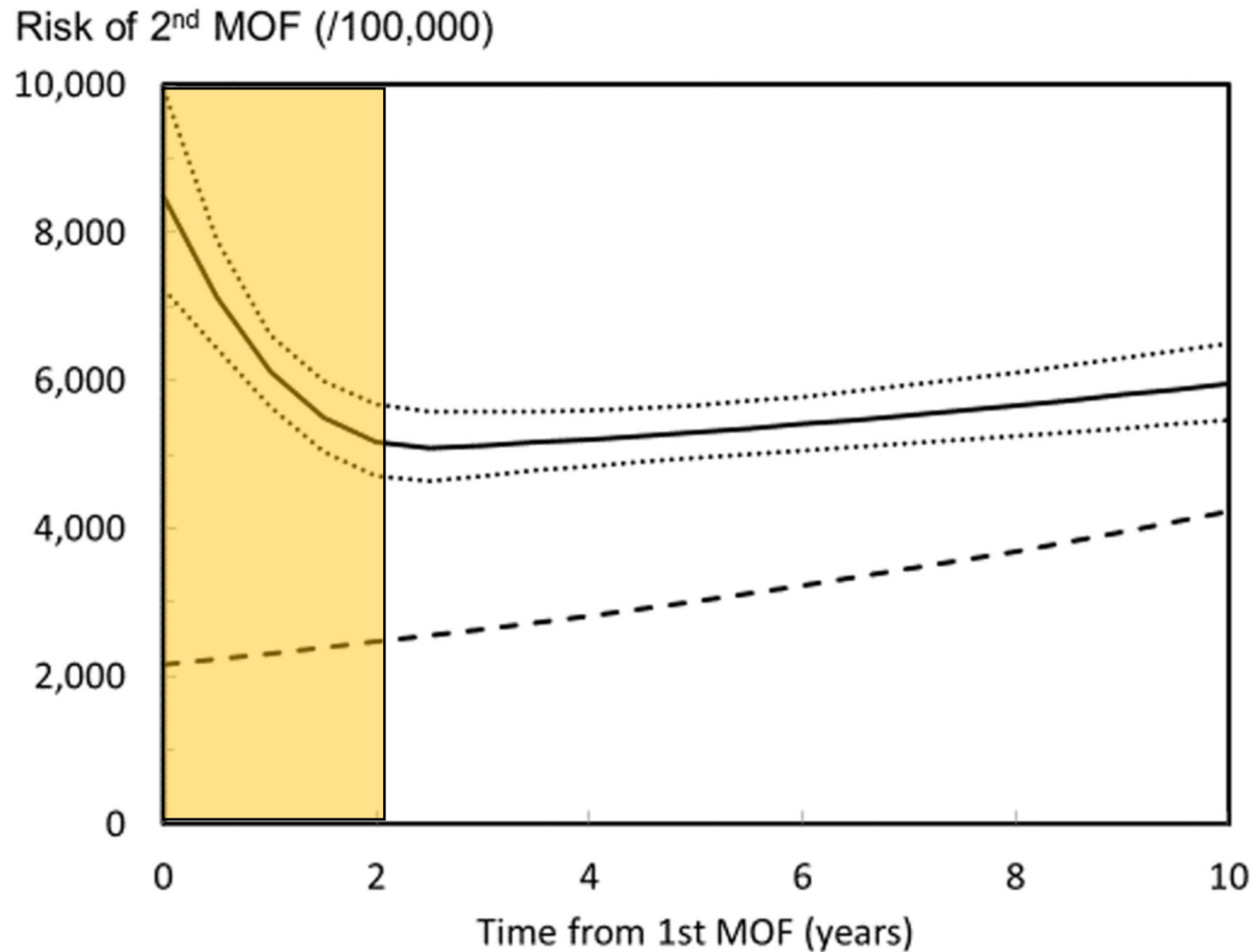
Stampott... Piatto
Nazionale
Olandese



La Cascata Fratturativa



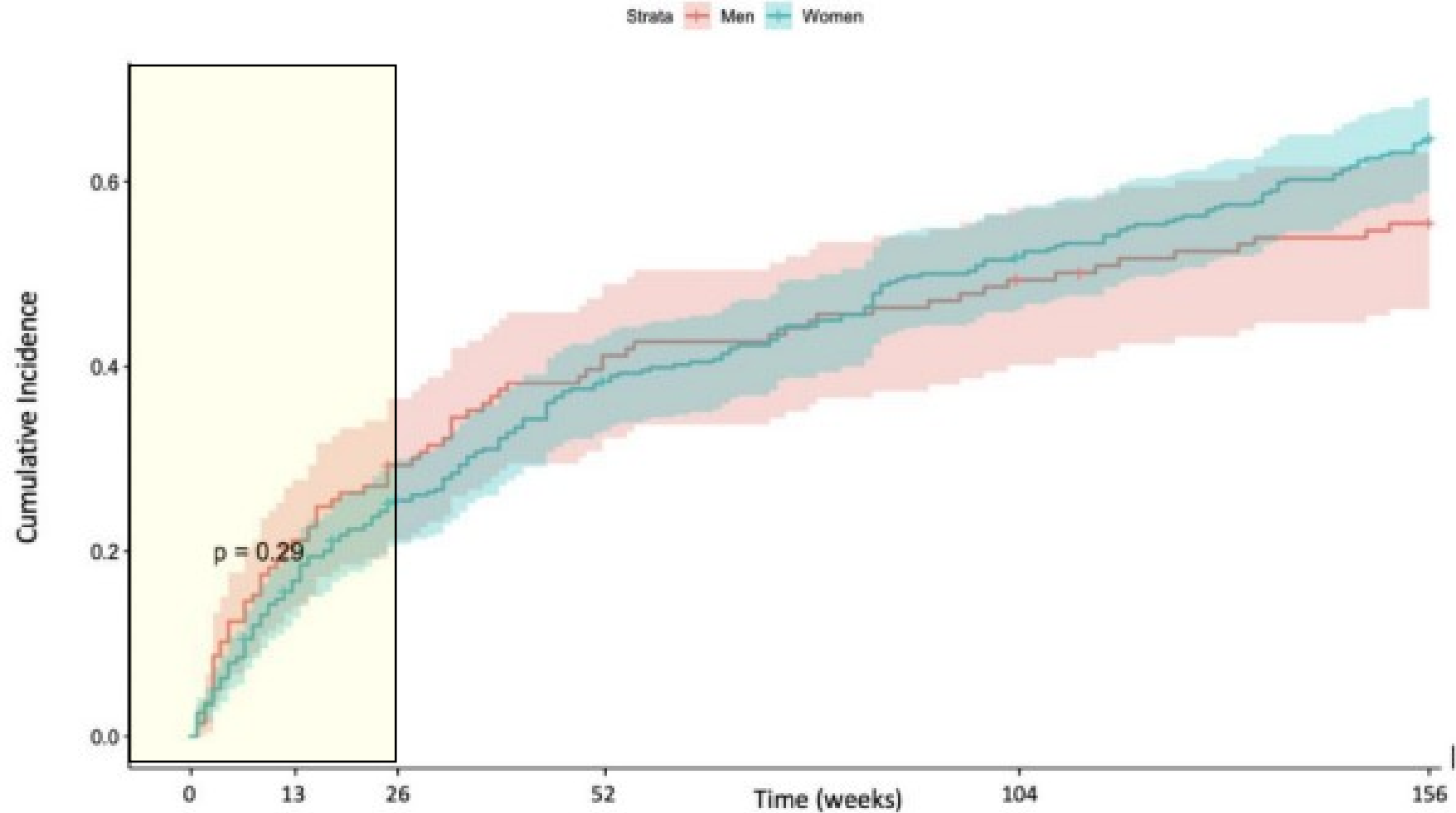
Il Rischio Imminente di Ri-frattura



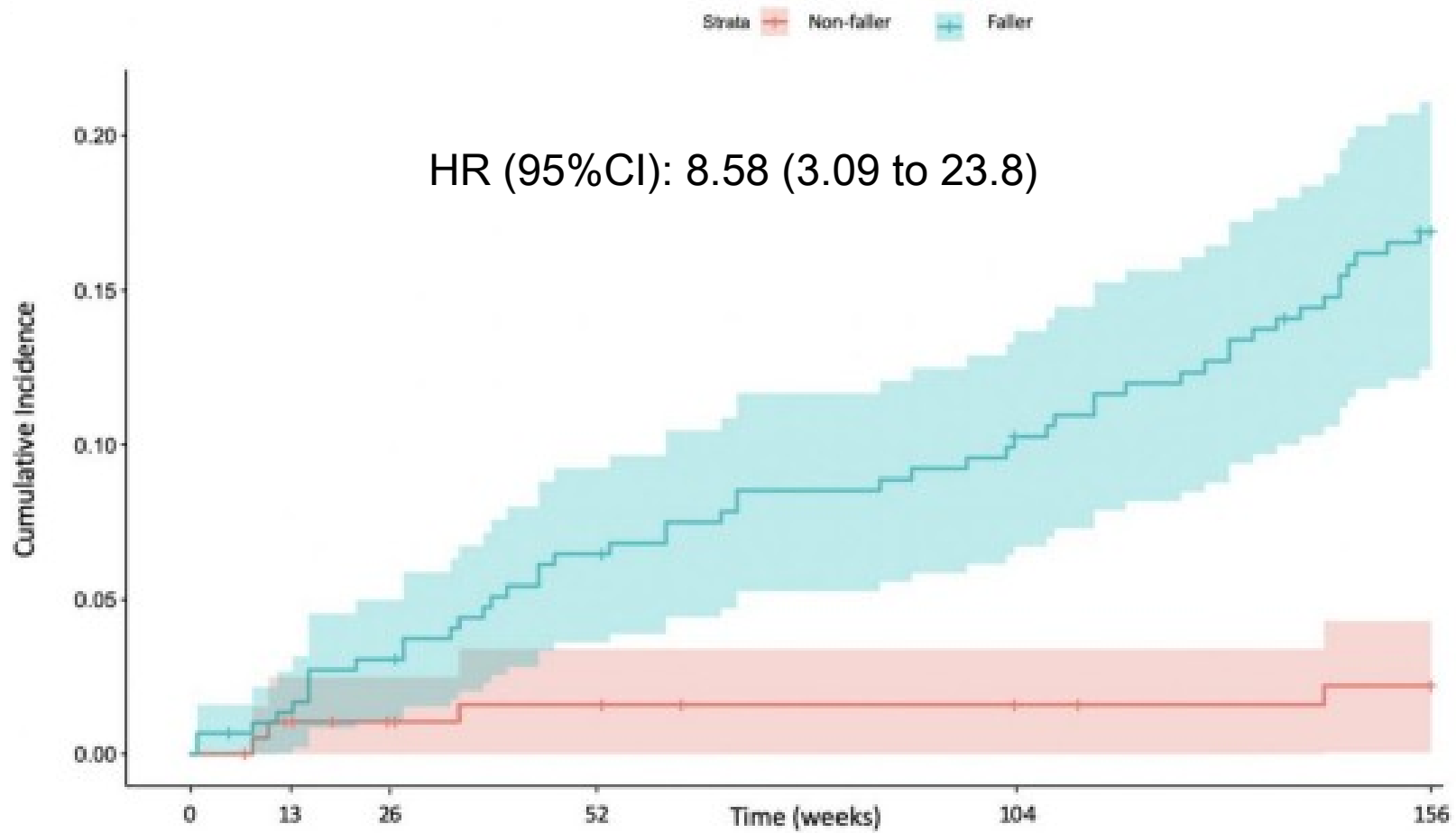
Risk per 100'000 (95% CI) of a second MOF after a first MOF for a woman at the age of 75 years at her first fracture.

Risk of first MOF for a woman 75 years at baseline

Cumulative Incidence of Falls after Index Fracture



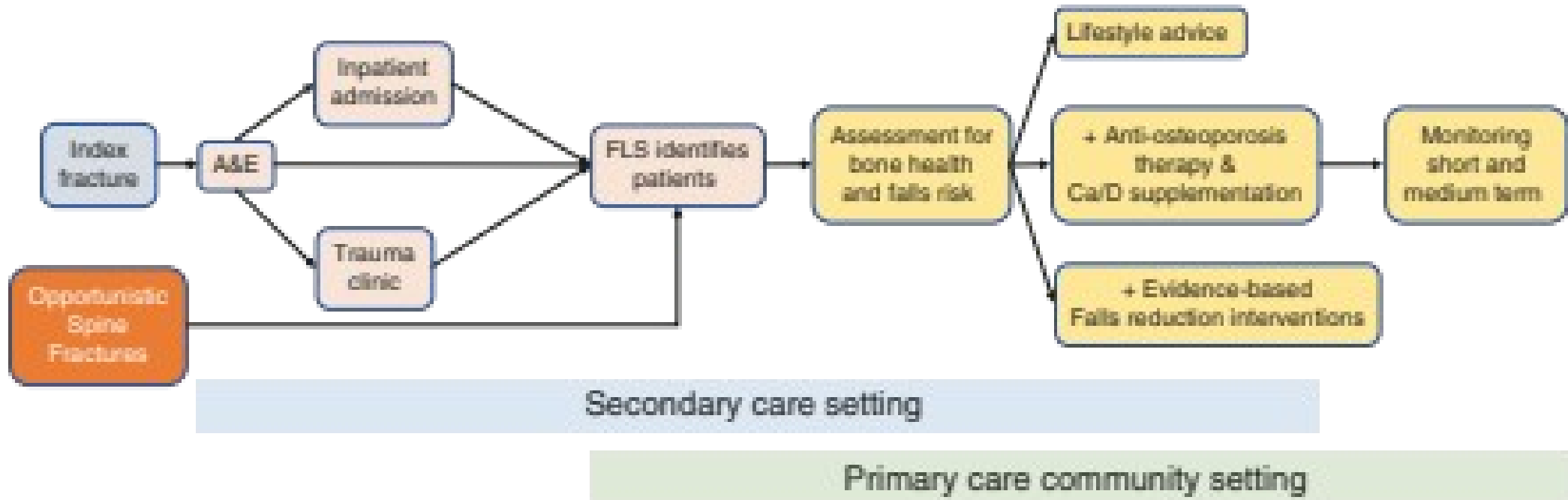
Cumulative Incidence of Subsequent Fractures (after index fracture) Stratified by Incident Fall Status



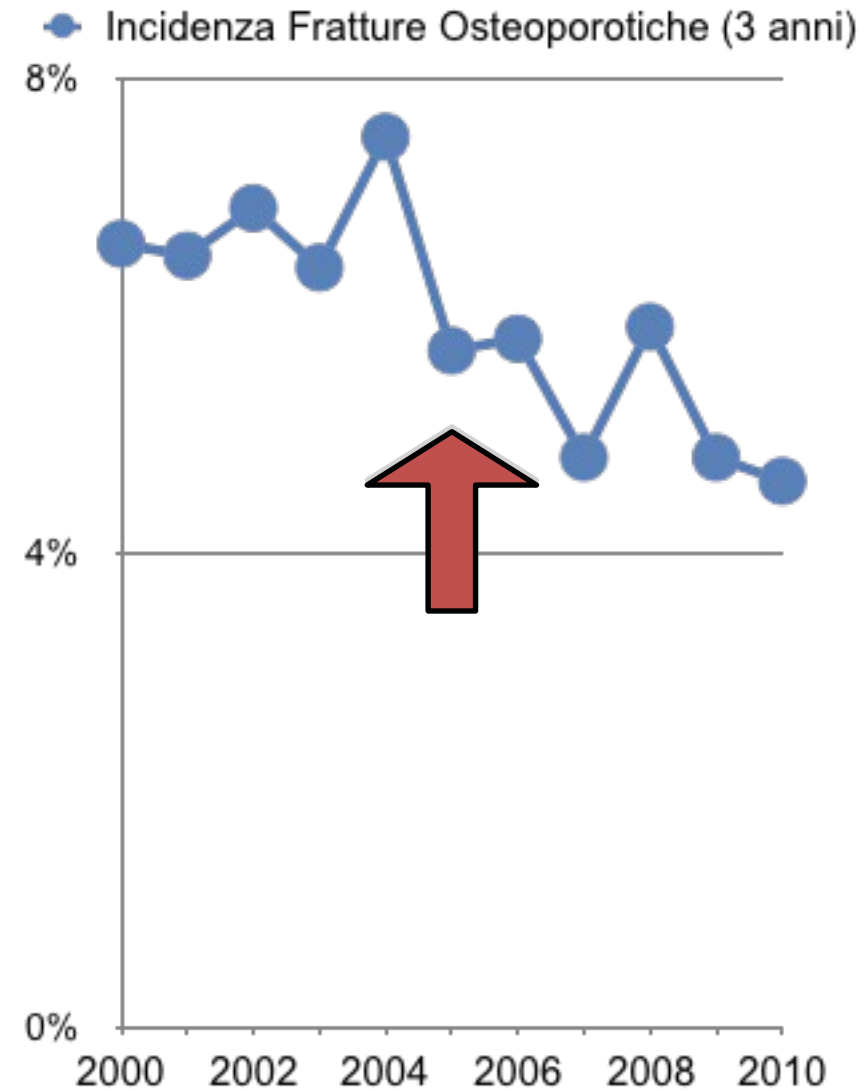
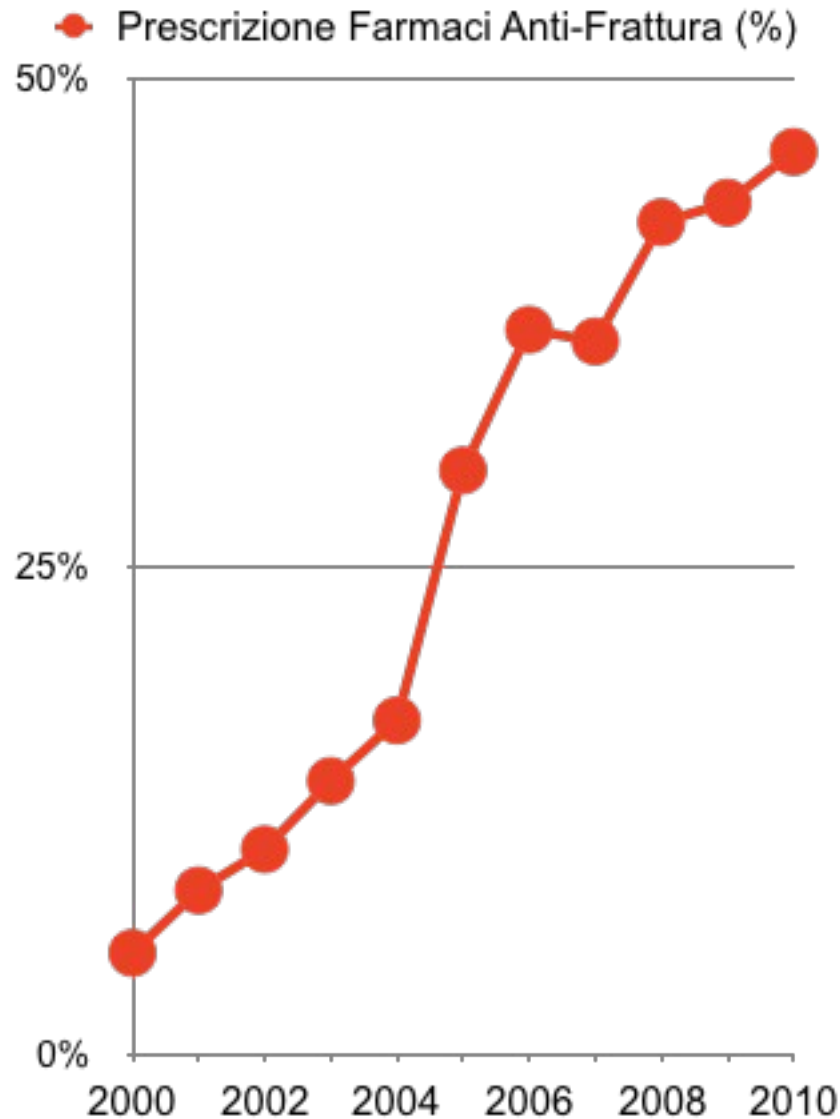
The «Fragility Fracture(s)» Bermuda Triangle



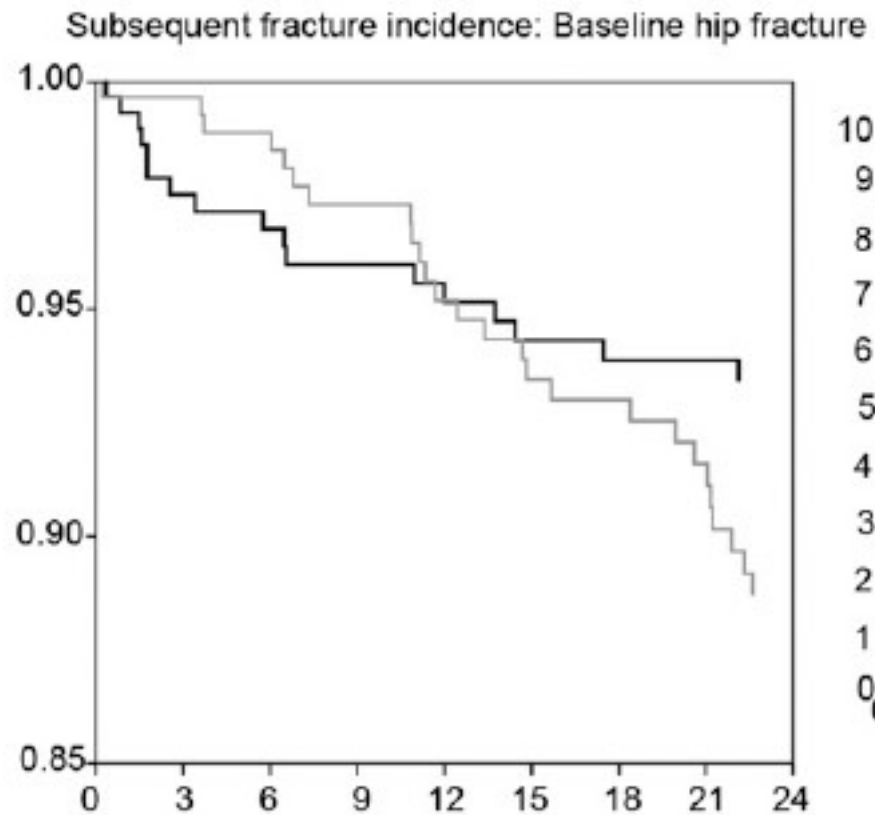
Operational Structure of UK-based Fracture Liaison Service



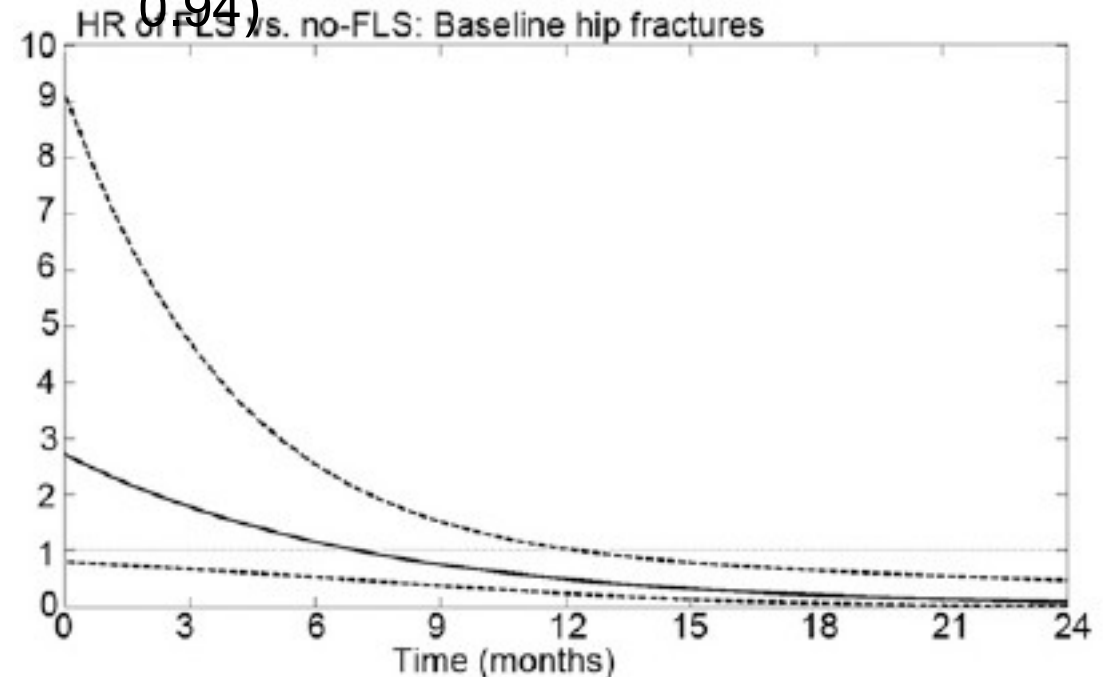
The UK model FLS reduces incidence of fragility fractures



Fracture Liaison Service – the Netherlands: Impact on Non Vertebral Fractures



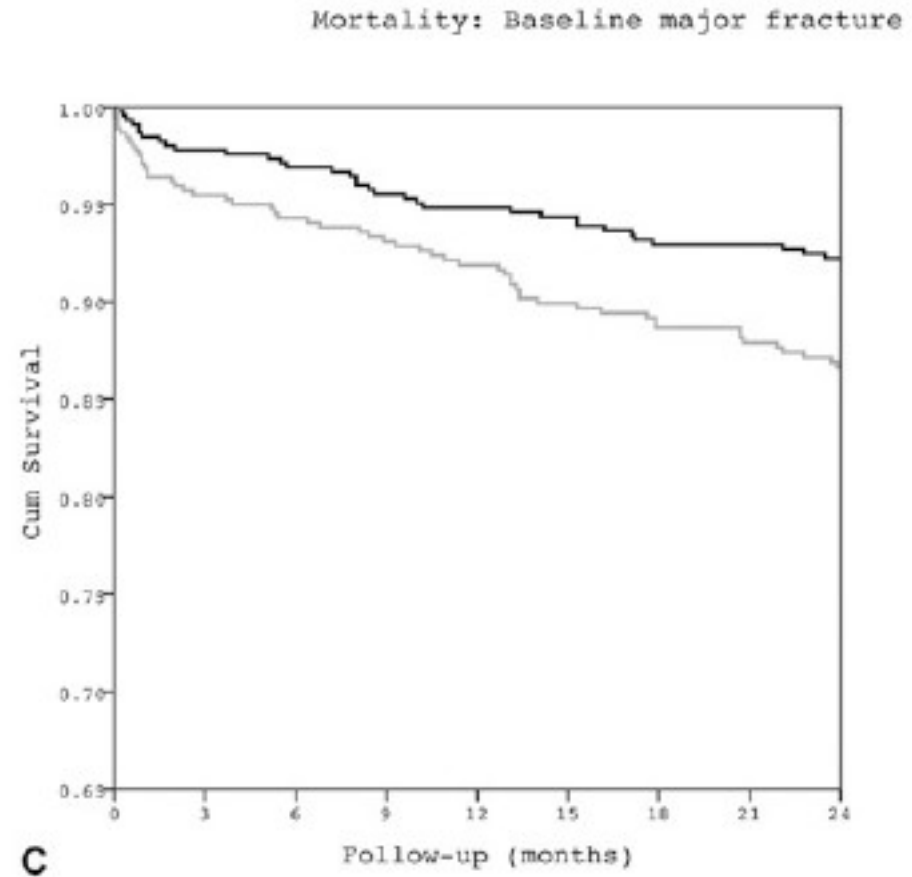
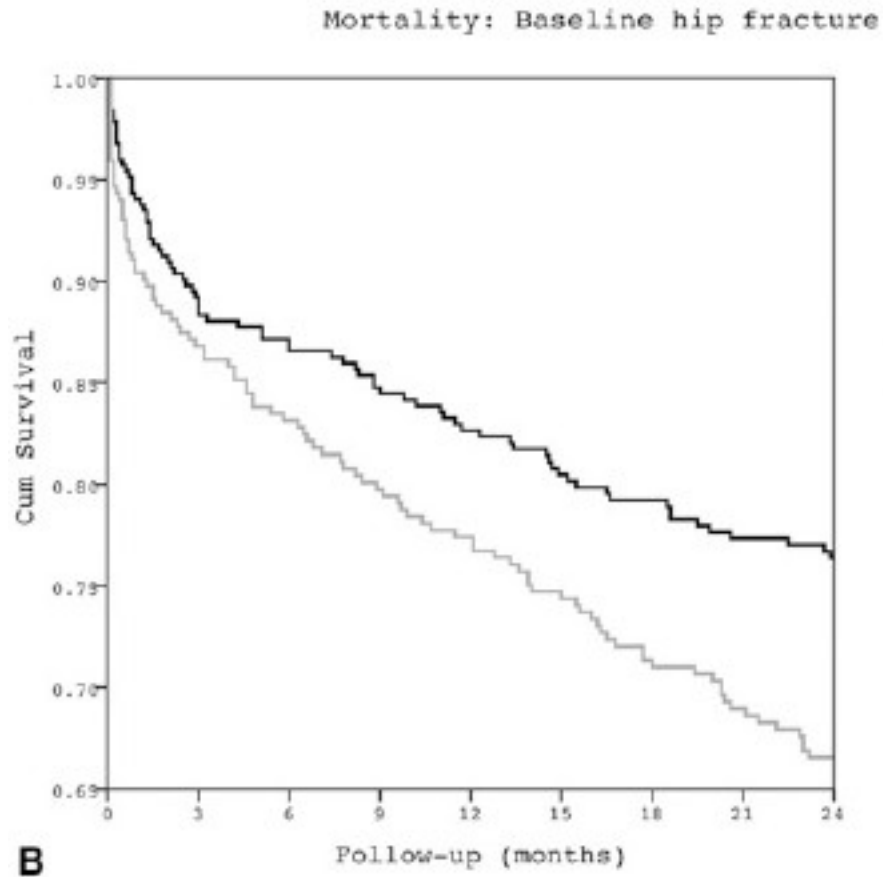
Hazard Ratio 0.43 (95% CI: 0.20-0.94)



Fracture Liaison Service – the Netherlands: Impact on Mortality

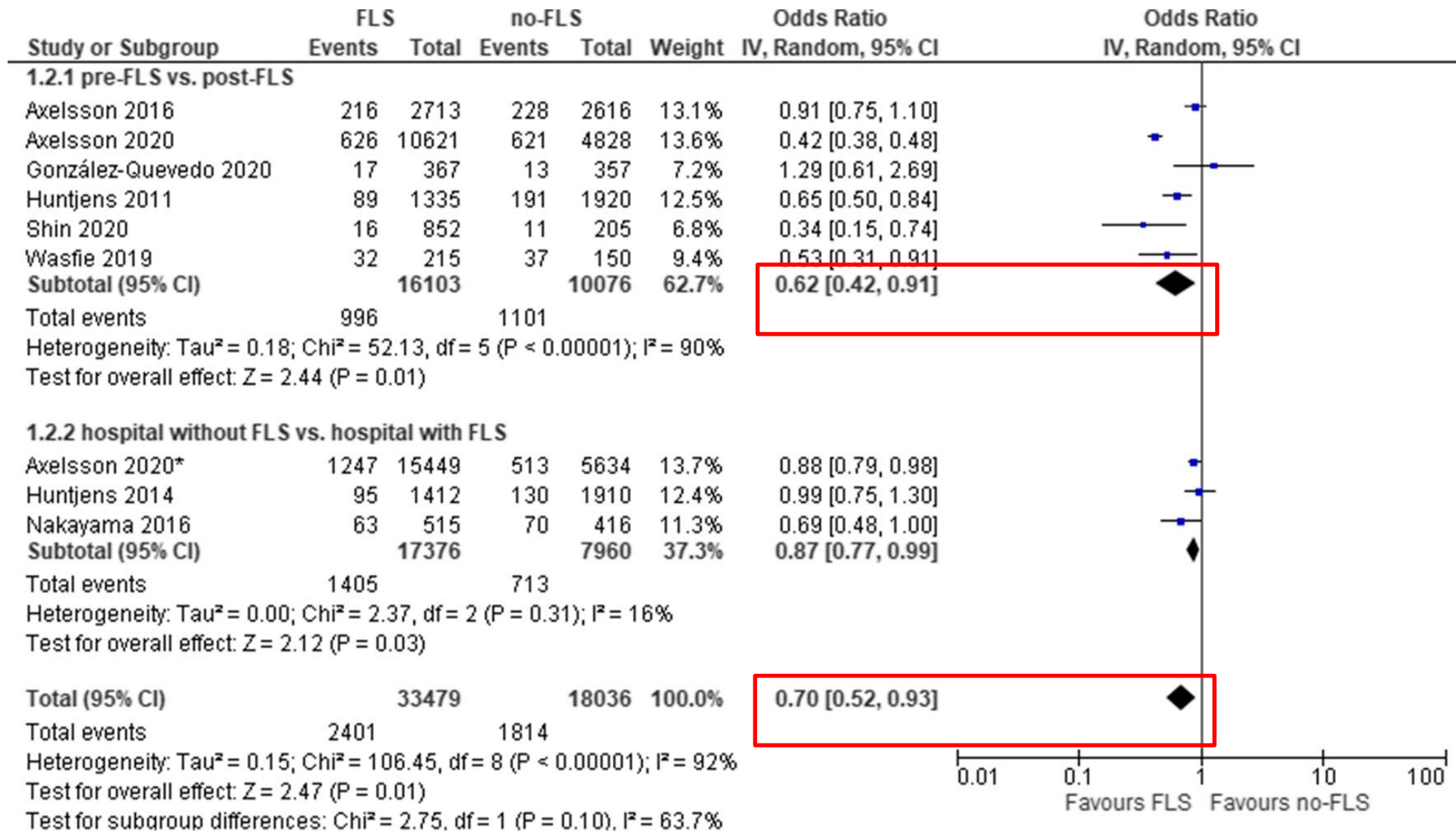
Hazard Ratio 0.67 (95% CI: 0.49-0.91)

Hazard Ratio 0.57 (95% CI: 0.37-0.89)



The impact of FLS on **subsequent fractures** and mortality:
a systematic literature review (from 2010 and 2020) and meta-analysis

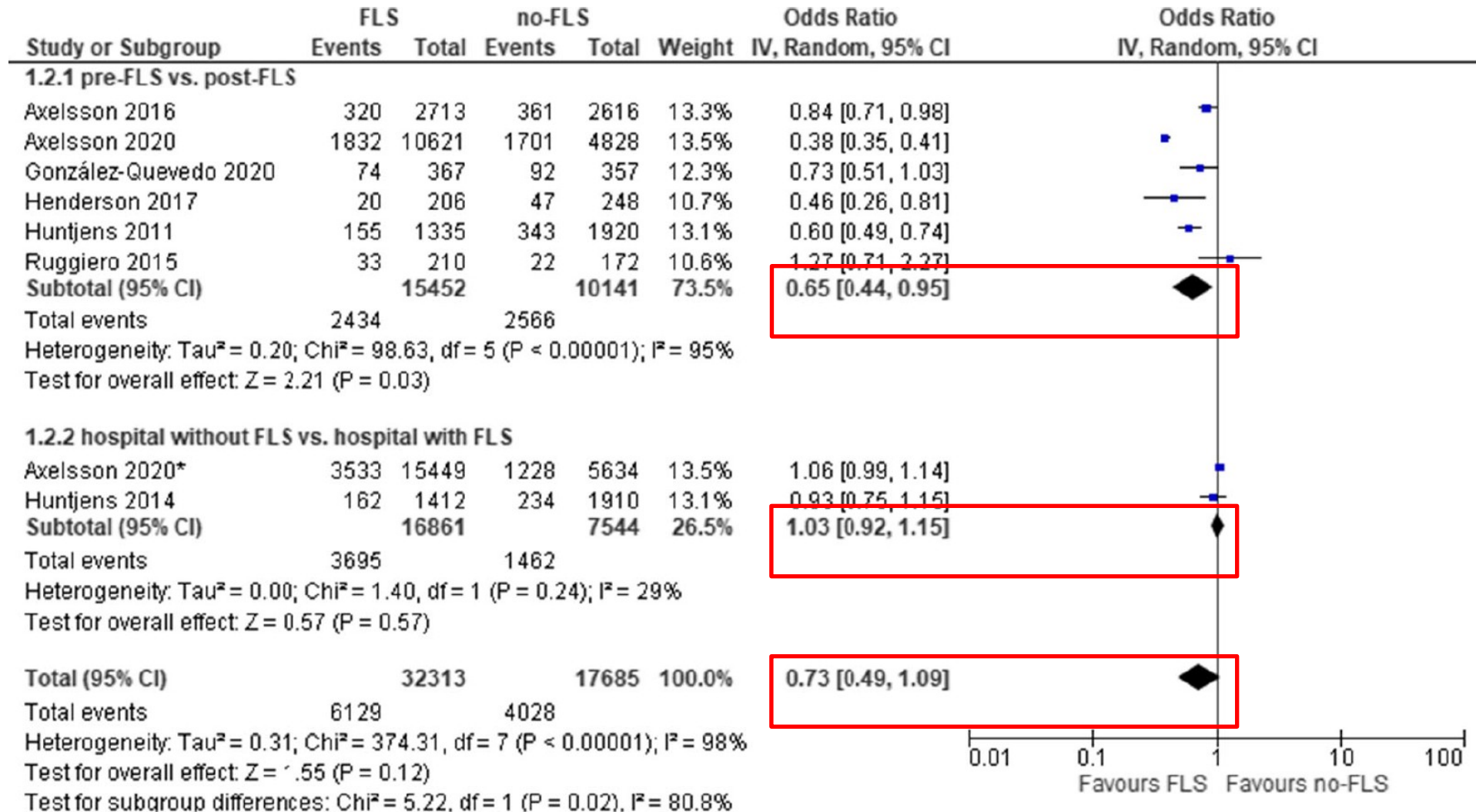
FLS versus no-FLS for subsequent fracture: overall and subgroup analysis by study design



CI, confidence interval; IV, inverse variance; FLS, Fracture Liaison Services

The impact of FLS on subsequent fractures and mortality: a systematic literature review (from 2010 and 2020) and meta-analysis

FLS versus no-FLS for Mortality: overall and subgroup analysis by study design



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A 2-year follow-up of a novel Fracture Liaison Service: can we reduce the mortality in elderly hip fracture patients? A prospective cohort study

	Before FLS implementation (<i>n</i> = 357)	After FLS implementation (<i>n</i> = 744)	Crude HR	Adjusted HR
One-month mortality rate	13 (3.6)	17 (2.3)	0.73 (0.34–1.56)	0.73 (0.34–1.56)
One-year mortality rate	92 (25.8)	147 (19.8)	0.76 (0.58–0.98)*	0.76 (0.58–0.98)*
Two-year mortality rate	114 (31.9)	222 (29.8)	0.89 (0.71–1.11)	0.87 (0.69–1.09)
Second fracture rate	26 (7.3)	49 (6.6)	0.83 (0.52–1.34)	0.84 (0.52–1.36)

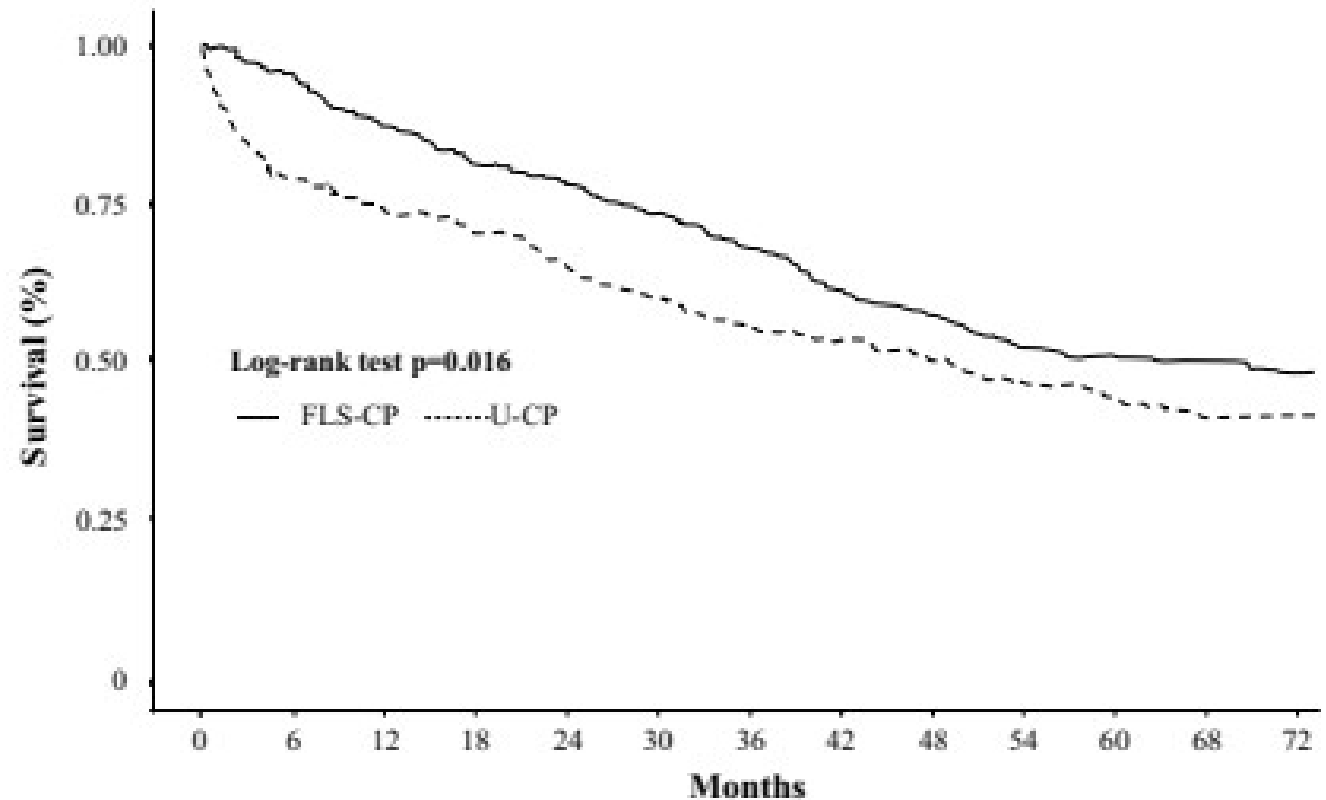
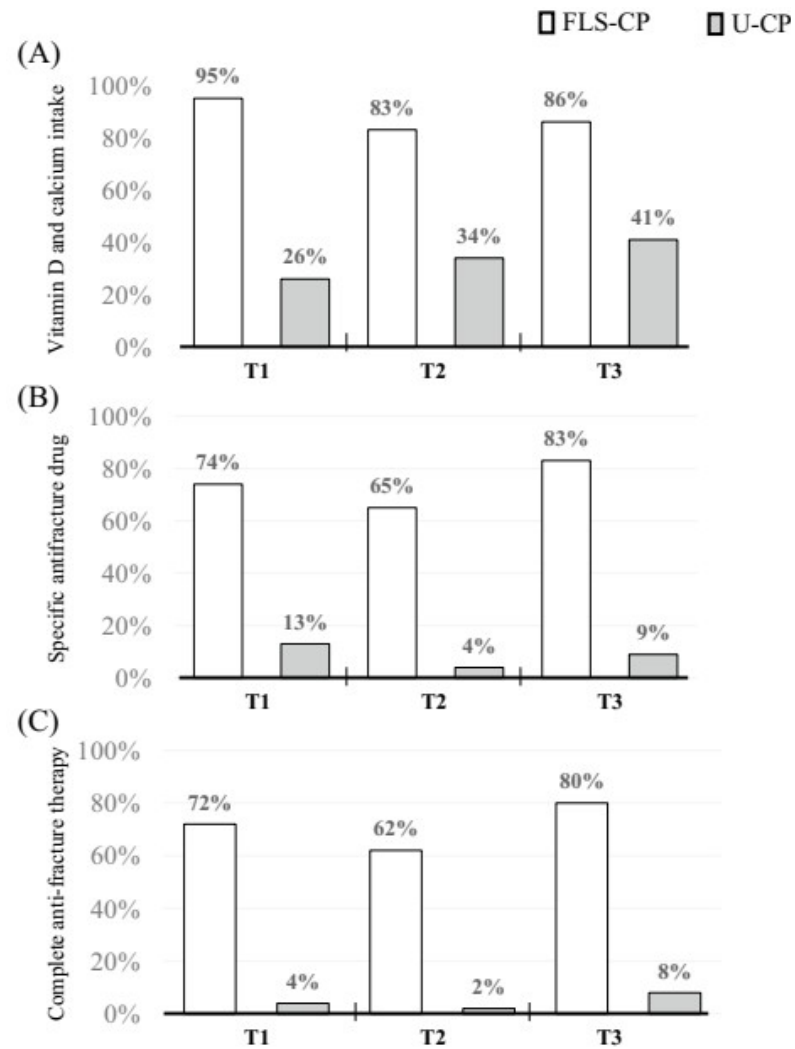
Values adjusted to age, gender, type of fracture, American Society of Anesthesiologists (ASA) score and anti-osteoporotic drug treatment

Data are presented as no. (%)

* $p < 0.05$

FLS, Fracture Liaison Service; HR, hazard ratio

Early Orthogeriatric Post-fracture Care: Main Outcomes



Fracture Liaison Service: Mapping the 11 Key Performance Indicators (KPIs)



The LICOS Project Fall Clinic

Baseline Assessment of Risk Factors (all patients during in-hospital stay):

- Fall history
- DM
- Pharmacological treatments
- Parkinson disease
- Cognitive impairment
- Vertigo
- Dismobility syndrome
- Voiding dysfunction
- Reduced hearing or vision



Potential Candidate for Extended Rehabilitation Program



Physical Performance Assessment (within 3 months from discharge):

- 4 meters gait speed test
- Timed up and go test
- Chair stand test
- Short physical performance battery
- Hand grip strength by hand dynamometer



Standard Rehabilitation Program for HF Patients (based on Regional Healthcare Programs)

NO

Extended Rehabilitation Program (1 year duration)

The LICOS Project Fall Clinic



Conclusion:

The post-fracture FLS care after a fragility fracture should start during the acute phase in the Orthogeriatric Ward during in-hospital stay, in consideration of the significant immediate risk of fracture (and falls) of frail patients presenting with a fragility fracture.

The primary goals of this early phase are defining and implementing a diagnostic and therapeutic pathways with the objective of reducing fracture risk.

Finally, it is advisable to have a single/unique multidisciplinary team taking care of the patient from admission (OG Unit) to post-fracture care (FLS).