Background: As part of the IOF recommendations and the “Capture the fracture” program a Multidisciplinary and focussed on Primary Medicine Fracture Liaison Prevention Unit (FLS) was created in May of 2018 in the Hospital Universitario Virgen Macarena, in Seville, Spain. In previous reports, the rate of osteoporosis treatment prescription after the fragility fracture was as low as 20%, with a poor communication between the medical specialties involved in the attention of this patients.

Objectives: To improve the medical attention and treatment of patients with a FF. To create a multidisciplinary FLS with the collaboration of Primary Care Medicine, Internal Medicine, traumatology, Emergency Room, Rheumatology, Rehabilitation Service and the Medicine Department of the Seville University.

Design: A prospective, observational study in the setting of usual clinical practice and with approval of the local ethics committee. The Multidisciplinary FLS started to work at may, 2018 connecting primary care with medical specialties. The FLS has 3 weekly consultations (11 first visits, 4 second visits and email consultation, each day) attended by 2 internal medicine physicians, one Rheumatologist and one nurse. All the medical specialties involved in the attention of patients with FF can refer patients and the inclusion criteria is the history of a FF in the past 18 months. In a single medical visit, the doctor and the nurse make a clinical history, assess the risk of FF according to FRAX, the risk of falls (J.H. Dowton scale), they evaluate malnutrition (Mini Nutritional Assessment Elderly) and sarcopenia (hands dynamometry and Short Physical Performance Battery). Complete blood count and blood and urine biochemistry in order to evaluate secondary causes of osteoporosis and vertebral radiographs are done. A treatment plan agreed and discussed with the patient is started. The plan advice on diet and exercises, drugs, and a written report and medical prescription. And a phone follow-up is programmed. The data are entered and stored in a database (OpenClinica) in real time.

Results: From May to October of 2018, 170 patients have been included; 135 (89%) women. The mean (standard deviation) age was 73 ± 11.8 years old; 25% of them with ages between 83 to 94 years. The patients were referred from Perioperative Internal Medicine (46%), Traumatology and orthopedic surgery (37%), Rheumatology (6%), Primary Medicine (5%) and other medical areas (6%). The anatomical sites of the FF were hip (58%), vertebral (22%), distal radius (13%), humerus (4%) and other sites (7%). The prescribed treatment was alendronate (66%), denosumab (18%), teriparatide (10%), risedronate acid (4%) and calcium and/or vitamin D supplementation in 98% of the patients. The compliance was measured by phone call in 42 patients that completed six months after the first evaluation, and it was good in 100%.

Conclusion: The multidisciplinary FLS activity increased the rate of evaluation of risk and prescription of treatment at 100% with rates of compliance at six months of 100%. The FLS allows the creation of fluid reference circuits and improves the patient care.

REFERENCES

Disclosure of Interests: None declared