Results: A total of 320 patients were obtained, 17 discarded (3 other fracture locations, 1 duplicate, 6 high energy trauma fractures and 8 had other pathologies than osteoporosis that justified the fracture). Mean age was 83.3 ± 7.9 years, 223 (73.6%) women. Prior to admission, 43 patients (14%) took calcium and/or vitamin D, 10 (3%) some antosteoporotic drug and 20 (7%) both. 230 patients (76%) did not receive treatment. 102 exits (33.7%) occurred in the 2 years after the fracture. In the post-discharge analysis, 30 patients were discarded (17 died during admission and 13 in the subsequent month, since it was not possible for them to be treated. After discharge, 43 patients (18%) receive Calcium and/or Vitamin D, 15 (5%) some antosteoporotic drug and 37 (14%) both, leaving 172 patients (63%) without treatment. There were 12 new hip fractures (4.0%). There is a greater proportion of deaths in men (43.8% vs. 30% in women, p = 0.026) and in patients not treated before the fracture (33.2% vs. 11.6% calcium-Vit D, p <0.001, 30.5% vs. 9.4%, antosteoporotic treatment p = 0.002). The multivariate analysis found a lower probability of having received treatment in men (RR 0.34 IC 95% (0.16-0.72), p = 0.005) and with more age (RR 0.95 IC 95% (0.92-0.98), p = 0.004). After correcting with age: the risk of death in men is 83% higher than in women (p = 0.035). The probability of exits increases by 10% for each additional year of life. Treatment with calcium and/or vitamin D after discharge is a protective factor against mortality from any cause (p = 0.037).

Conclusion: Percentage of patients receiving drug treatment after suffering an osteoporotic hip fracture is very low. This is accentuated in males, and at an older age, populations that also have higher mortality rates in the two years after the fracture.

REFERENCE