Background: Though osteoporosis can be diagnosed through the presence of fragility fractures in the absence of other aetiology such as myeloma or metastases, patients with osteoporosis are also at increased risk of high impact traumatic fractures. Further, distinguishing between fracture mechanisms through chart review is often difficult and may lead to patients with osteoporosis being missed. On the other hand, focusing on identifying and treating patients at high imminent fracture risk rather than milder degrees of osteoporosis makes for better cost utility.

Objectives: To review the demographics of patients presenting with fragility fractures in the absence of other aetiology such as myeloma or metastases but only 12.5% after a lower leg fracture. Further, despite the high recurrent fracture risk in the FLS setting, it is important to appreciate that the majority of hip fracture patients have not consulted with a prior fracture in the last ten years prior to their hip fracture. The following issues will be addressed in more detail:

1) Demographics of fracture patients with particular emphasis on age, sex and BMD.
2) Which fracture types will respond to osteoporosis treatment? What is the role of DXA in FLS?
3) Which fracture types will respond to osteoporosis treatment? What is the role of DXA in FLS?
4) Identifying vertebral fractures

Conclusion: FLS patients are at elevated risk of sustaining additional fractures both in the long term and in the short term, with risks being particularly high in the first years after the sentinel fracture and especially if the initial fracture is a pelvic fracture or a major osteoporotic fracture.

REFERENCES:

Disclosure of Interests: None declared