Osteoporosis

Osteoporosis has been defined by The National Institute of Health as a skeletal disorder characterized by compromised bone strength predisposing an individual to an increased risk of fracture. Bone strength is determined by Bone Mineral Density (BMD) and bone quality. An estimated 30 million American women and 14 million American men, or 55% of those over the age of 50, have osteoporosis or low bone mass, putting them at risk for a debilitating fracture. Annual expenditures for direct medical care of osteoporotic fractures in the U.S. totaled $15 billion in 2000. The number of Americans with osteoporosis is expected to rise to 14 million, with another 48 million having low bone mass, by 2020.

Despite the availability of efficient methods to diagnose and effective pharmacologic therapies for treatment, osteoporosis still remains under-diagnosed and under-treated. It is often called the “silent disease” because there are no symptoms and often goes undiagnosed until an individual suffers a fragility fracture.


Statistics

- 1.5 million fractures occur in the United States each year as a result of osteoporosis
- 90% of all women over age 75 have osteoporosis
- In 1999, there were more than 320,000 hospitalizations for hip fractures; it is projected that in 2025 about 440,000 people will suffer hip fractures
- 24% of hip fracture patients die within a year
- 53% of hip fracture patients age 65 and older suffer loss of independence

Source: “State of the Art Management of Osteoporosis,” American Medical Association
Synthes Geriatric Fracture Program (GFP)

Mission Statement
The mission of the Synthes Geriatric Fracture Program (GFP) is to improve the care of the elderly fragility fracture patient. To achieve this mission, Synthes is dedicated to:

– Educating the orthopaedic community on the benefits of treating elderly fragility fracture patients using an interdisciplinary approach;
– Establishing centers which utilize co-managed care and standardized protocols;
– Improving patient outcomes by utilizing best practices; and
– Developing innovative products designed for evaluation and treatment of fragility fractures and training surgeons on their effective use.

The Synthes Geriatric Fracture Program (GFP)
Fractures in older adults require timely action and special attention. The Synthes GFP promotes a streamlined approach to get most patients into surgery in 24 hours or less. A decreased time to surgical intervention results in better patient outcomes and shorter lengths of stay. The interdisciplinary team of orthopaedic surgeons, geriatricians/hospitalists, nurses, therapists, social workers/case managers and other health professionals ensures complete management of older adults with fractures. Improved care means a faster recovery, fewer complications and an increased likelihood to return to pre-injury status.

Sample materials are provided to assist you in the development of a Geriatric Fracture Program (GFP):

– Standardized Orders
– Consent Forms
– Care Plans

Data Collection tools include:

– Data Collection Forms
– Database
Benefits of the Synthes Geriatric Fracture Program (GFP)

Older patients with fractures tend to have a wide range of comorbidities, and consequently, a need for an interdisciplinary care approach. The team approach can offer early preoperative assessment and avoid operative delays. The team’s involvement will improve the patient’s discharge planning and rehabilitation. Synthes GFP envisions the co-management of the elderly fracture patient by orthopaedists and geriatricians/hospitalists, using a “continuum of care” with protocols to ensure the best possible patient experience:

– Streamlined admission process
– Optimal fracture surgery, within 24 hours of admission
– Daily evaluation to ensure earlier mobility and faster recovery
– Effective pain management
– Improved communication with patients and their relatives
– Improved communication within the team
– Initiation of research and education
– Reduction in adverse events
– Earlier initiation of rehabilitation and more effective use of discharge resources
– Incorporation of physical/occupational therapy and social services in the discharge plan
– Screening for osteoporosis and plan management

The Synthes Geriatric Fracture Program is a program designed to provide improved care to meet the special needs of the current elderly fragility fracture patient and to meet the increased demands for the future.
Demographics

The effect of osteoporosis on the quality of life and its expected impact on the health care system have become a primary topic of discussion. The two contributing factors are the increase in life expectancy due to the improvements in the treatment of chronic disease and the aging of the “baby boom” generation. This generation’s increased life expectancy will create the largest demand for health services for the elderly that has ever existed. In the United States, the population over the age of 65 is 12.4%; in the next ten years that number is projected to rise to 17.6%, and in 2030 could be over 20%.

The likelihood of fracture increases with aging; one in two women and one in five men over age 50 will experience a fracture. Women have a one-in-seven lifetime chance of a hip fracture, and men have a one-in-seventeen lifetime chance of hip fracture. The National Osteoporosis Foundation reports 35,700 deaths each year from complications resulting from hip fractures. Osteoporosis and osteoporotic fractures will become a public healthcare crisis as a larger percentage of the population ages and lives longer. Therefore, the majority of a general orthopaedist’s time will be spent caring for the geriatric fracture patient.