Reference:
PE 4-10

8th FFN Global Congress
Oxford, UK
28-30 August 2019

Call to action to close the gap in secondary prevention of osteoporotic fractures in Spain

Authors: Blanch J[1], Pérez-Castrillón JL[2], Casado E[3], Carbonell C[4,5], Bastida JC[6,7], Canals L[8], Lizán L[9,10].

1. Department of Rheumatology, Hospital del Mar, Barcelona, Spain; **2.** Department of Internal Medicine, Hospital Universitario "Rio Hortega", Valladolid, Spain; **3.** Department of Rheumatology, Hospital Universitari Parc Taulí (UAB), Sabadell, Spain; **4.** Catalan Health Institute (ICS), Barcelona, Spain; **5.** University of Barcelona, Spain; **6.** Family Medicine, Marín Health Centre, Pontevedra, Spain; **7.** National coordinator of the Osteoporosis Group, Spanish Society for General and Family Physicians (SEMG); **8.** Amgen, Barcelona, Spain; **9.** Outcomes'10, Castellón, Spain; **10.** Universitat Jaume I, Castellón, Spain.

Introduction

- The ageing of society is driving a large increase in fragility fracture incidence[1] which in turn has a marked effect on both morbidity and mortality[2].
- A significant care gap exists in the management of patients at risk of such fractures[1,3]. Moreover, regardless of age, individuals with a fragility fracture are at increased risk for subsequent fractures[1].
- It is therefore necessary to make a "call to action" to the health care community to improve secondary fracture prevention.

Objective

- Establish consensus regarding the current treatment gap in secondary prevention of fragility fractures in Spain based on Delphi survey.
- Define strategies to close treatment gap.

Material and methods

FrActúa Project

- The final questionnaire was reviewed by a Scientific Committee (2 rheumatologists, 2 general practitioners, 1 internal medicine physician).
- Healthcare professionals from different specialties (e.g. Rheumatology, Internal Medicine, Endocrinology, Geriatrics, Family Medicine, Gynaecology, Traumatology, Rehabilitation or Hospital Pharmacy) will be invited to participate in the Delphi questionnaire.

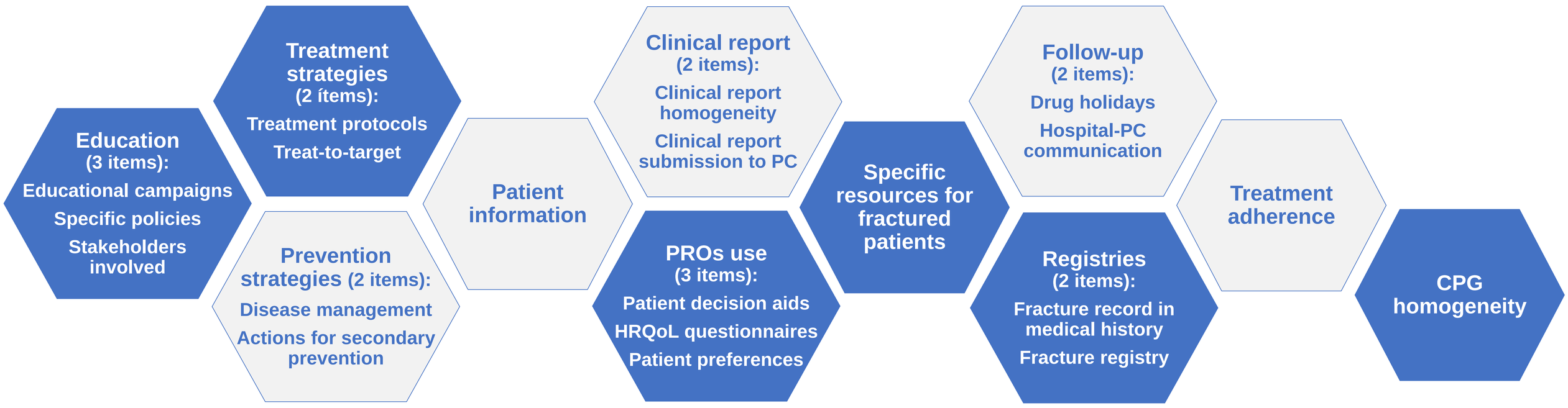
Results

- Five main barriers to secondary fracture prevention in Spain were identified in the literature:

1. Lack of public/ state awareness	**2.** Absence of systematic identification of fractured patients	**3.** Poor documentation of previous fractures	**4.** Pharmacological undertreatment and low adherence	**5.** Variability in patient follow-up
• Importance of OP in fracture development. • Risk factors for fragility fractures, including patients who have had a fracture. • Prioritization of secondary fracture prevention in State policies.	• Inability to request for DXA from Primary Care. • Complicated referral of the patient to specialized care. • Lack of knowledge/consideration by physicians of the risk factors for fragility fracture, such as drugs associated with decreased bone mineral density, the presence of certain diseases or previous fractures.	• Poor documentation of fragility fracture history and diagnosis of OP in medical records.	• Physicians concerns about adverse events of OP treatment. • Lack of clear information to patients about the benefits vs. risks of OP treatment. • Lack of collaboration and communication between primary and specialized care. • Heterogeneity among doctors in the diagnostic approach and treatment prescription after a fragility fracture: lack of consensus in guidelines. • Lack of treatment protocols in hospitals.	• Poor compliance and persistence with OP treatment: patients concerns about adverse events of OP treatment. • Communication problems between primary and specialized care interfere in the continuation of the treatment prescribed at the hospital. • No clear accountability for patient follow-up. • Need for evidence on follow-up (fracture registries).

OP: Osteoporosis; DXA: Dual energy X-ray absorptiometry

- The Multidisciplinary Task Force developed a Delphi questionnaire including 20 items related to the following topics of secondary prevention:



HRQoL: Health-related quality of life; PC: Primary Care; CPG: Clinical practice guidelines; PROs: Patient-reported outcomes

- Each item was presented on a 7-point Likert scale (1=completely disagree to 7=completely agree) and assessed from three perspectives: 1) current situation, 2) desire and 3) prediction (probability of achievement).

CONCLUSIONS

- **The results from a multidisciplinary Delphi questionnaire will provide insights into current barriers for secondary prevention of fragility fractures in Spain.**
- **These data could help shape strategies for optimal osteoporosis diagnosis and fragility fracture prevention.**

Conflicts of interest

Blanch J has received consulting fees from: Amgen, Lilly, Lacer Farma, and gebro Pharma. Pérez-Castrillón JL has ownership or partnership of Farmalider and has received consulting fees from: Amgen, Lilly, MSD and FAES. Carbonell C has received consulting fees from Amgen and Rubió. Bastida JC has received fees as a speaker or remuneraton for attendance to Congresses from: Almirall, Amgen, Boehringer, Bayer, Esteve, Grunenthal, GSK, FAES, Ferrer, MSD, Pfizer, Rovi and Recordati. Lizán L has received consulting fees from Novartis, Bristol Myers Squibb, Sanofi, Boehringer Ingelheim, Nestle Health Science, Celgene, Gilead and Merck; and has participated in speaker bureaus for Lilly, IESE, EADA and Roche. EC has received fees for lectures and/or participation in advisory boards from Amgen, Lilly, UCB and Rubió. Canals L works at Amgen S.A. and hold stock in Amgen.

Acknowledgements

This study was funded by Amgen S.A. Writing support was provided by Clara Gabás from Outcomes'10.

References

1. Dreinhöfer KE. Injury. 2018;49(8):1393-1397.
2. Kanis JA. J Bone Miner Res. 2014;29(9):1926-8.
3. Kanis JA. Osteoporos Int. 2017;28(7):2023-2034.