THE PREVENTION OF FUTURE FRACTURES IN FEMALE PATIENTS WHO HAVE SUSTAINED A HIP FRACTURE 25
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Introduction
Hip fracture is the most severe osteoporotic fracture, the management of which has placed a major burden on orthopaedic beds. Although rehabilitation services for these patients have improved, few patients receive medical treatment for the advanced degree of osteoporosis, despite the risk of future osteoporotic fracture. In 1994 the Advisory Group on Osteoporosis suggested that a more active approach to prevention of future fracture by calcium and vitamin D (Ca and D) supplementation and enhanced physical activity might be beneficial. A survey was therefore undertaken of patients admitted with hip fracture to ascertain the use of Ca and D supplementation and the level of physical activity of these patients on discharge.

Methodology
Over a 10 month period data were collected retrospectively on female patients aged 70 years and over admitted with hip fracture to the local orthopaedic unit. The data collected included the patients’ admission source, discharge destination, whether the patient was prescribed calcium and vitamin D and the patients’ level of mobility on discharge.

Results
211 patients were admitted, 157 from their own home, 52 from residential/nursing home (R.N.H.), 1 from another hospital and in one case the admission source was not known. 36 (17%) of the patients died. 112 (53%) were discharged back to their own home, 50 (24%) were discharged to R.H.N.H. and 13 patients were discharged elsewhere. Of the 175 patients discharged, only 15 were mobile unaided, 16 were mobile with the aid of elbow crutches, 100 were mobile with the aid of Zimmer frame, 24 were immobile and the mobility of the remaining 20 patients was not known. None of the patients were prescribed Ca and D supplementation. 3 were prescribed calcium supplements alone.

Conclusions
The role of Ca and D supplementation and improvement in physical activity have both been identified as methods of reducing hip fracture incidence. This survey highlights the need to promote both these activities in patients discharged from hospital following hip fracture.

A SURVEY OF THE INVESTIGATION AND TREATMENT OF OSTEOPOROSIS IN PATIENTS WITH HIP FRACTURE 27
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Introduction
Elderly patients with hip fracture have reduced bone density in the lumbar spine and contralateral hip with an increased risk of further fragility fracture. The issue of osteoporosis should be addressed in such patients although no clear guidelines are currently available.

Methodology
We examined the hospital records of 80 patients (mean age 82 (SD7) years) admitted to our hospital with fragility fracture in order to determine the proportions of patients a) undergoing tests for osteoporosis and b) being discharged on secondary prophylaxis.

Results
67 (84%) of the patients were female and 28 (35%) had a past history of fracture (18 at wrist, vertebra or hip). On admission, 5 were taking thiazides, 5 oral steroids and 2 tamoxifen. 8 patients were given oral corticosteroids during their admission. Osteoporosis tests (bone profile, serum electrophoresis, Bone Jonnes protein and thyroid function tests) were complete in only 40% patients, incomplete in 67% and completely absent in 28% patients. Only one patient underwent bone densitometry. Of the 68 who were discharged from hospital, 9 patients received bone protective agents (4 received calcium and vitamin D therapy de novo and 5 continued to take thiazides / tamoxifen). Only 3 patients taking oral corticosteroids received secondary prophylaxis (calcium and vitamin D in 2 and vitamin D alone in 1 who later died).

Conclusions
Currently very few patients admitted to our hospital with hip fracture are investigated for osteoporosis or receive treatment against future fracture. Guidelines for the management of osteoporosis in such patients should improve this situation and will form the basis of an audit.