Osteoporosis management by geriatricians in the UK

SIR—Standards have been set in the National Service Framework (NSF) work for older people to reduce the number of falls, fractures and serious injuries, with emphasis being given to the prevention and management of osteoporosis [1]. Prior to publication of the NSF, we undertook a postal survey of geriatricians to determine the management of osteoporosis.

Approximately 60% of 730 consultant members of the British Geriatrics Society responded, three-quarters of whom worked in District General Hospitals. One half (53%) of consultants had osteoporosis management guidelines in their hospital and a substantial majority (84%) were aware of the recently published Royal College of Physicians (RCP) guidelines [2]. More than two-thirds of the consultants perceived osteoporosis as a problem of both falls and fragile bones, and all identified prior fracture and systemic corticosteroid use as significant factors for suspecting osteoporosis. Interestingly, whilst most (82.0%) had access to bone mineral density (BMD) measurements, a substantial proportion (32%) did not use it in spite of access in the same hospital.

A majority (83%) of geriatricians reported carrying out falls assessment in their patients and almost all (95%) initiated treatment for osteoporosis directly. Over 90% of osteoporotic patients were started on a bisphosphonate and/or calcium/vitamin D but only 16% of older patients admitted from institutional care were commenced on calcium and vitamin D. Approximately two-thirds of the physicians used a combination of bisphosphonate with calcium and vitamin D in patients on corticosteroids, while a small but significant number of geriatricians (6%) did not use any anti-osteoporosis agent in such patients.

The higher response rate suggests that awareness of osteoporosis has increased substantially since a previous survey undertaken in 1998 prior to the publication of RCP guidelines (response rate 30%) [3]. We conclude that a majority of geriatricians in the UK appear to manage osteoporosis appropriately and that current practice is in keeping with recommendations of the NSF for older people. Areas to be addressed include the potential for wider use of calcium and vitamin D in the house-bound or institutionalised elderly [4] and a greater consensus on the clinical utility of BMD measurements in the elderly population.

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