SAPHO syndrome. Similar to previous data, they have shown that acute-phase reactants such as C-reactive protein do not decrease following therapy with pamidronate [2]. These results also reflect our unpublished results; however, they clearly contribute to current knowledge by demonstrating clinical improvement based on the visual analogue scale completed by all patients. It is not clear, however, how this improvement was defined by the patients and whether the authors also measured the degree of pain experienced by the patients. We have also noticed such a trend among the patients we have treated [3]. None of the reported patients experienced any type of phlebitis, but a single patient who was treated with pamidronate after completing our study experienced such an adverse event.

The authors have declared no conflict of interest.

H. AMITAL, A. RUBINOW

Rheumatology Unit, Hadassah Medical Center, Jerusalem, Israel

Accepted 27 August 2004

Correspondence to: H. Amital, Rheumatology Unit, Department of Medicine, Hadassah Medical Center, Ein-Karem, POB 12000, Jerusalem 91120, Israel. E-mail: amitalh@netvision.net.il


Rheumatology 2005;44:138–139
doi:10.1093/rheumatology/keh430

Does a patient-focused approach increase prescribing following a low trauma fracture?

Sir, We read with interest the article by Patel et al. [1] highlighting that patient education about osteoporosis to women who have had a Colles fracture improves access to health care.

We undertook a similar study to examine whether a patient and general practitioner (GP)-focused approach would lead to (i) an increased proportion of patients seeking health care advice regarding osteoporosis and (ii) an increased proportion of patients being prescribed treatment for osteoporosis.

Following local ethics committee approval, we identified consecutive patients aged 50 yr or over attending Stepping Hill Hospital over a 3-month period with a low-trauma wrist or hip fracture. Low-trauma fracture was defined as a fracture resulting from a fall from a standing position or lower. Patients were sent a letter informing them that a fracture could be the first sign of osteoporosis and a short questionnaire seeking information regarding awareness of osteoporosis and asking whether they had received any advice or treatment following their fracture. The patient’s GP was sent a copy of the letter together with local osteoporosis guidelines, which had been adapted from the Royal College of Physicians osteoporosis guidelines [2]. This was sent in addition to the usual discharge letter to the GP. Non-responders were sent a second questionnaire 1 month later.

A second questionnaire was sent 6 months later to all patients who had not heard of osteoporosis or were not receiving any treatment. Patients not on treatment for osteoporosis were asked if they had sought advice and/or treatment following the original letter. Figure 1 shows the flow of recruitment and respondents to the questionnaire.

One hundred and fifteen patients were identified, of whom 52 (45%) had hip fractures and 63 (55%) had wrist fractures. Ninety-six completed questionnaires were returned and six patients could not be contacted (response rate 83%). The mean age was 72 yr (range 51–92) and 90% were female. Although 75/96 (78%) patients had heard of osteoporosis, 52% (50/96) had not received any advice or treatment and only 32 patients (33% of respondents) were on any treatment. Although the response rate was similar in the two groups [hip fracture group, 43/52 (83%); wrist fracture group, 53/63 (84%)], patients with hip fractures were more likely to be prescribed treatment [hip fracture, 18/43 (42%) respondents; wrist fracture, 14/63 (22%) respondents]. The majority of patients were prescribed calcium and vitamin D, although 10 patients were treated with bisphosphonates.

The 71 patients who had not heard of osteoporosis or were not on treatment were sent the follow-up questionnaire. Sixty-five completed questionnaires were returned [response rate: wrist, 41/45 (92%); hip, 24/26 (92%)]. An additional 20 patients (20/65, 31%) reported seeing their GP for osteoporosis and a further 40 patients (40/65, 62%) reported seeing their GP for other reasons, which in some cases may represent missed opportunities to discuss osteoporosis. As a result of this intervention, an extra 24 patients were started on treatment (13 on calcium and vitamin D and the rest on bisphosphonates or raloxifene). Respondents with wrist fractures were more likely to be started on treatment [17/41 (41%) vs hip 7/24 (29%)]. Following the questionnaire, the proportion of treated patients increased from 33% (32/96) to 58% (56/96). This is a relatively large effect for such a cheap and simple intervention.

One limitation of the study is that it was considered not feasible to have a control group. However, it is reasonable to assume from previous studies and from the first part of this study that one-third of the patients would have been prescribed treatment [3] and

![Flow chart of participants](https://academic.oup.com/rheumatology/article-abstract/44/1/138/1784820/0)
that any additional prescriptions over the 6 months were due to the intervention.

Despite this limitation, this study demonstrates that a letter informing patients and their GP about osteoporosis following a fracture encourages patients to seek appropriate health care advice and results in more patients being prescribed treatment for osteoporosis. Although the study by Patel et al. [1] showed no significant benefit in informing patients’ GPs about osteoporosis, we felt that this letter was important both to keep GPs informed and to reiterate the importance of treatment following low-trauma fractures. Further studies are required to see if this type of approach is effective in other areas.

The authors have declared no conflicts of interest.

S. L. HIDER, A. ISMAIL1, B. TODD2, J. RODGERS3, A. HAMILTON3, G. COOK3

ARC Epidemiology Unit, University of Manchester, Manchester, 1Department of Rheumatology, 2Department of Orthopaedics and 3Department of Public Health, Stepping Hill Hospital, Stockport, UK

Accepted 7 September 2004

Correspondence to: S. L. Hider, ARC Epidemiology Unit, Stopford Building, University of Manchester, Oxford Road, Manchester M13 9PT, UK. Email: sam.hider@man.ac.uk