

Gerryatric Musings

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Osteoporosis

Management of osteoporosis is a controversial subject with a number of opposing views. A consensus symposium in Quebec in 2004 formulated guidelines for diagnosis and treatment.

"Patients in Long Term Care Institutions (LTCI) are especially at risk for osteoporotic fractures owing to lack of mobility, poor nutrition and limited sun exposure." The guidelines stated all patients in LTC are at potential risk for osteoporotic fracture. "Global interventions should include vitamin D, calcium and a comprehensive exercise program. In patients who are at high risk for osteoporotic fracture or with a previous fracture, pharmacological treatment should be started."

Studies of the length of treatment to achieve statistical benefit of fracture reduction has produced variable results. Several have documented improvement in bone mineral density within 6 months and reduction in fracture rates within one year. There is some controversy whether bone mineral density is a good tool for assessment of therapy.

The average life expectancy of patients admitted to a LTCI in Canada is 2.5 years. Our experience in Fraser Health suggests this expectancy is shorter, in some institutions, less than 2 years.

Cost versus benefit presents another controversy. The guidelines suggest that pharmacotherapy benefit outweighs the cost if you consider the morbidity associated with fractures. Tolerability, risk of side effects and the issue of polypharmacy were minimized in this paper. Consider whether your residents are at falls risk. For example, if they are bed bound, the risk of falls and injury is small.

Obviously, more research is required to answer these significant questions.

Reference: "To Treat or Not to Treat, That is The Question: Proceedings of Quebec Symposium for the Treatment of Osteoporosis in Long Tern Care Institutions, Saint-Hyacinthe, Quebec, November 5, 2004." Journal of the American Medical Directors Association: 2006.05.006