

A case for osteoporosis screening and treatment in older people to prevent hip fracture

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To the Editor—The hip fracture registry by Leung et al¹ re-affirmed the serious consequences of hip fracture. There are drugs, including bisphosphonates, that can lower hip fracture risk by 40% in those with osteoporosis. Unfortunately, with concerns over rare side-effects, the use of bisphosphonates has been falling in recent years. Moreover, despite clinical guidelines that recommend dual-energy X-ray absorptiometry (DXA) scan in all men and women aged 70 years or more,² few older people have followed this advice. In our osteoporosis clinic, only 29.2% are aged 70 years or older, of whom only 11.8% are men. Although men have a lower fracture risk than women, they are more likely to die following hip fracture.³ The Hospital Authority currently subsidises osteoporosis drugs in patients with fracture history in specialist out-patient clinics. According to Leung et al's study,¹ however, very few hip fracture patients received osteoporosis drugs before or after fracture. Now that DXA and osteoporosis drugs can be covered by elderly health care vouchers, doctors should encourage our older patients to have osteoporosis screening and treatment, both shown to be cost-effective.⁴ With a rising incidence of hip fractures, the Hong Kong SAR Government should consider funding screening and treatment for osteoporosis in older people as in Japan, South Korea, and many western countries. In the United Kingdom, a randomised trial of a screening questionnaire (The Fracture Risk Assessment Tool) mailed to older women lowered hip fracture incidence by 30% over

5 years.⁵ With the concerted efforts of the public and private medical sectors, the incidence of hip fracture can be controlled despite an ageing population.

Timothy Kwok*, MD, FHKAM (Medicine)
Dicky Choy, MB, ChB, DCH

Jockey Club Centre for Osteoporosis Care and Control, The Chinese University of Hong Kong, Shatin, Hong Kong

* Corresponding author: tkwok@cuhk.edu.hk

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