



Royal College
of Physicians

Falls and Fragility Fracture
Audit Programme (FFFAP)

Strong bones after 50

Fracture liaison services explained

A guide for patients, carers and families

What the NHS should provide for people over 50 who have broken a bone after falling from standing height or less.



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About this guide

This guide is for patients who have broken a bone, and their families and carers. It explains what a fragility fracture is, and what good healthcare services to prevent further broken bones should include.

What is a fragility fracture?

A 'fragility' fracture is a broken bone that happens after a fall from a standing height or less. Fragility fractures often affect the larger bones of the body such as the back, hip or wrist.

Bones are strong and usually don't break from a simple fall, but as we get older our bones become weaker. Osteoporosis and other bone diseases can increase this effect of age, and further weaken bones. This means that even a low-impact fall from a standing height can cause a broken bone (also known as a fracture).

What is a fracture liaison service?

Patients who have suffered a fragility fracture are at higher risk of breaking another bone; either the same bone again or another bone in the body. Fracture liaison services (FLSs) are teams of nurses, doctors, therapists and administrative staff who treat people

(usually aged 50 and over) with fractures to reduce the chance of experiencing another broken bone. This is called secondary fracture prevention (ie preventing the second fracture).

How to use this guide

The information in this guide covers the essential aspects of your care, and is designed to help you and your family understand and plan your care.

The data in this leaflet are from the Fracture Liaison Service Database. It includes data on 42,589 patients who were diagnosed with a fragility fracture between January and December 2016.

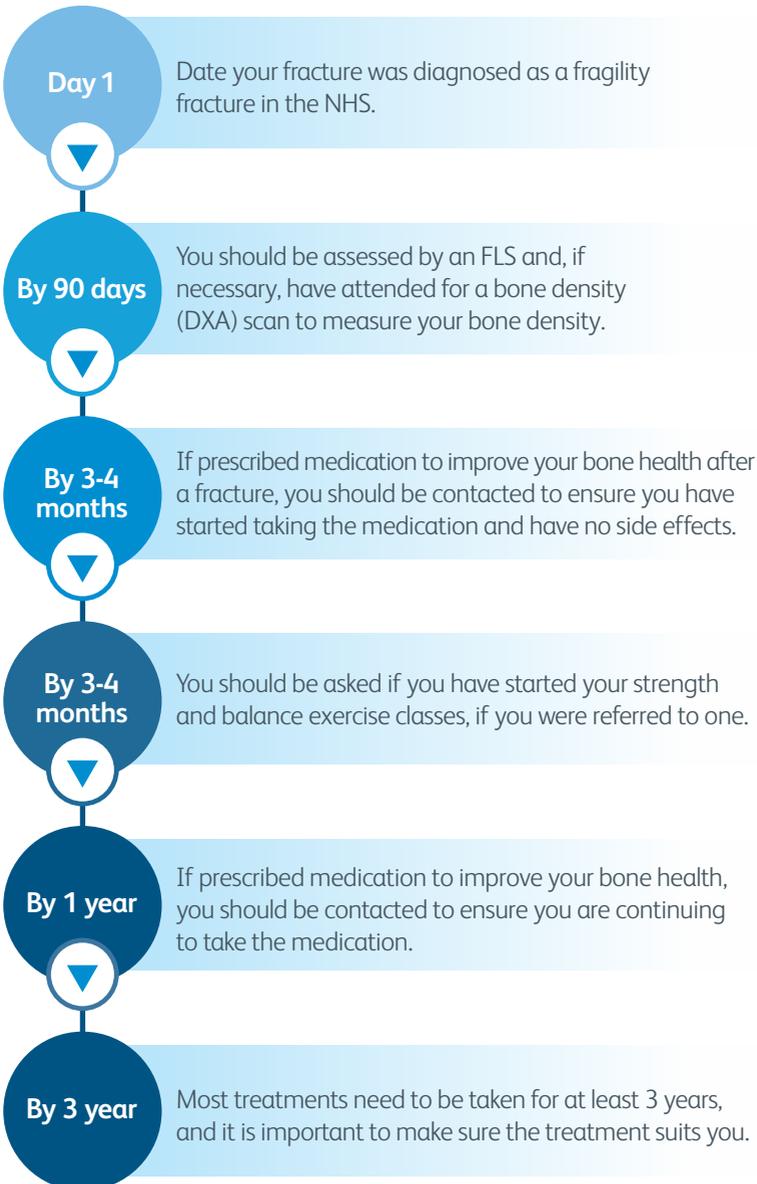
The audit is managed by the Royal College of Physicians in London, and funded by the Healthcare Quality Improvement Partnership (HQIP).

This audit is really important for patients because it shows what good fragility fracture care looks like across the country.

We encourage you to ask the doctors and nurses looking after you lots of questions, and to discuss your treatment until you're happy that you understand what is being done and why.



What are the minimum standards of FLS care you should expect?



I have broken a bone after a minor bump or fall. What happens next?

What happens if I have an X-ray or body scan for another reason and a spine fracture is discovered by chance?

What should happen?

All people aged 50 or over who have suffered a fragility fracture should have a bone health check and, if needed, be recommended treatment to strengthen bones. However not all areas in the UK have an FLS that can do this, and most FLSs are not seeing as many patients as we'd expect.

Why is this important?

People with a fragility fracture need to be identified by the FLS, so that they can ensure patients have a bone health check to find out whether they are at risk of osteoporosis and further fractures.

What we found

At present, FLSs are submitting less than half the expected number of patients. A bone and falls check may not be automatically provided for you, and you may need to ask your GP or hospital to have one.

What should happen?

All patients aged 50 or over who have a newly reported spine fracture should be referred to an FLS for assessment and possible treatment. This includes where a spine fracture is discovered by chance.

When should this happen?

This should happen within 3 months of the spine fracture being diagnosed.

Should I be checked for osteoporosis and fracture risk?

Why is this important?

Spine fractures are one of the most common fragility fractures. However, it is particularly difficult for FLSs to identify people with such fractures, as often few people see a doctor about it. Spine fractures might be noticed at a later date, and many spine fractures go undiagnosed. If they are diagnosed, they may not be reported to the FLS.

People with other fragility fractures (eg of the hip or wrist) will attend a hospital emergency department after a fall. In contrast, spine fractures may occur following everyday activities – such as bending and lifting – and sometimes cause little or no symptoms. So spine fractures may be noticed at a later date, when a chest or abdominal X-ray is performed for another reason.

What we found

Only one in three FLSs in England reported that they routinely identify people who come to hospital with back pain and have a spine fracture.

What should happen?

After a fragility fracture, you should receive a bone check. The FLS staff should use an ‘assessment tool’ to calculate your risk of another fracture. To complete this assessment, you will need to give details of your age, gender, height and weight, whether you have certain related conditions or you are taking steroids, and how much you smoke and drink.

When should this happen?

Within 3 months of your fracture.

Why is this important?

Assessments need to be conducted promptly because:

- ▶ the risk of having a further fracture is increased in the first 2 years
- ▶ it allows you to start treatment earlier to improve your bone health
- ▶ it improves how you will take your medication (if needed)
- ▶ it reduces your uncertainty about whether you need treatment to stop another broken bone.

Will my bone density be checked?

What should happen?

You may need to have a bone density (DXA) scan as part of your assessment. A DXA scan can help to decide whether patients will benefit from drug treatment. A DXA scan usually takes less than 20 minutes and is painless, quiet and not claustrophobic. You need to be able to lie flat on a couch.

When should this happen?

Within 3 months of your fracture.

Why is this important?

People who suffer a fracture may have generally weaker bones that are more likely to break. DXA scans are often used to measure the strength of the bones.

Given the importance of DXA scans for assessing fracture risk, timely assessment is usually needed to allow rapid treatment recommendations to be made.

What does a DXA scan look like?



68% of patients aged 50–74 had a DXA scan recommended after a fragility fracture, or they had already had a DXA scan in the previous 2 years. But only 45% of these patients were scanned within 90 days of their fracture.

Should I be assessed to establish why I fell?

What should happen?

All people over 50 who present for medical attention because of a fall should have an assessment which aims to identify anything that might make them more likely to fall.

When should it happen?

The FLS should carry out a falls assessment or refer you to another professional team to complete the falls assessment.

Why is this important?

Falls are the most frequent and serious type of accident in older people. However, falling can be prevented or reduced.

Most falls don't result in serious injury. However, there's always a risk that a fall could lead to a fragility fracture. A falls assessment will identify whether there are specific things that can be done to help prevent future falls.

What we found

Only 40% of patients received, or were referred for, a falls risk assessment. A falls check may not be provided for you automatically and you may need to ask your GP or hospitals to have one.

Do I need to go to a strength and balance class to reduce my risk of falling?

What should happen?

Guidance from the National Institute for Health and Care Excellence (NICE) says that older people living at home, who have a known history of repeated falls, or have balance problems making them prone to fall, should be referred for muscle strength and balance training.

Why is this important?

Special falls prevention exercises, designed to improve muscle strength and balance, have proved to be extremely effective in reducing falls, if people finish the course.

What we found

Less than one in 10 fracture patients had started strength and balance training by 16 weeks following their fracture. You may need to ask your GP or hospital to see if there is a strength and balance class you can attend.

What treatment will I have to reduce my risk of breaking another bone?

What happens if I have a problem with the treatment I am prescribed?

What should happen?

Whether or not you will be offered treatment to prevent further fractures will depend on your age, your bone density (if measured) and how many risk factors for weak bones you have. If you are at high risk of experiencing another fragility fracture, you will be offered drug treatment to reduce this fracture risk.

What should happen?

You should be contacted by the FLS to ensure you are continuing with the medication and have minimal side effects. This is referred to as monitoring. This may be done by phone, questionnaire or by attending a clinic appointment in person.

Why is this important?

Drug treatments help to strengthen your bones and reduce your risk of having fractures. For those at high fracture risk, drug treatments can reduce your risk of further fractures by up to a half. There are many different types of drug treatments and more information about these can be found on the National Osteoporosis Society website: <https://nos.org.uk>.

Why is this important?

Treatments must be taken consistently and appropriately over many years to be effective. Many patients who are given oral treatments find them difficult to take, and stop taking them. Monitoring finds out if there are any issues with prescribed medications that need to be addressed. This sometimes results in a change in medicine that's better suited to you. After one year, please do see your GP if you develop any problems.

What we found?

Less than a quarter of patients had a treatment recommendation. You will need to ask your doctor if you need bone treatments to lower your risk of another fracture.

When should it happen?

At 12–16 weeks and 1 year after your fracture.

What can I do to help myself?

- Have a healthy, balanced diet and healthy weight or body mass index between 20 and 25 kg/m².
- Stop smoking.
- Reduce your alcohol intake to no more than 14 units per week.
- Do regular weight-bearing exercise. If you are unsure how your diagnosis may affect what you can and can't do, speak to your GP or health professional.
- Be aware of the standards of care your NHS should provide for you.
- Take the time to respond to any follow-up questionnaires about your bone health and falls treatments.
- See your GP if you have experienced a fragility fracture and you have not had a fracture risk assessment, or you are worried about your fracture risk.
- It is very important to continue to take treatments when they are prescribed, and if you find it difficult to take them, seek advice on what to do.

Questions to ask your GP after breaking a bone

- Am I at risk of another broken bone?
- Can I request a fracture risk assessment if I am worried about having another broken bone?
- Do I need a bone density scan?
- Do I need blood tests to check my bone health?
- If I am at high risk of fracture, how can I reduce the risk and what treatments are available?
- How will I be shown which exercises will give me more confidence in strength and balance?
- What else can I do to avoid falls?
- What other treatments can I have if I cannot take recommended bone treatments?

What can I do if my care does not meet this guideline?

Get Involved

If you think that your care does not match what is described in this booklet, please talk to a doctor, a nurse or other member of your medical team.

Find out more

For osteoporosis information and support contact the National Osteoporosis Society:

www.nos.org.uk

Tel: 01761 471 771

Email: info@nos.org.uk

For tailored information about osteoporosis and bone health, contact the National Osteoporosis Society specialist nurse helpline:

Tel: 0808 800 0035



Glossary

Clinical vertebral fracture – back pain due to a spine fracture.

DXA (dual-energy X-ray absorptiometry) scan – a test that assesses whether you have normal bone density, low bone density (also referred to as osteopenia), or osteoporosis.

Falls assessment – this aims to uncover anything that might make you more likely to fall, and to see whether there are specific things that can be done to help you and reduce your risk of falling again. This may include checking your eyesight, looking at any medications you take, and checking your balance and mobility.

Fracture – the same as a broken bone, and happens when a crack or split occurs in the bone.

Fracture liaison service (FLS) – a service that identifies, treats and refers people aged 50 and over who have suffered a fragility fracture to appropriate services, with the aim of reducing their risk of subsequent fractures.

Fragility fracture – a fracture or broken bone that occurs after minimal trauma (equivalent to a fall from standing height or less).

Monitoring – this includes any patient review performed to check anti-osteoporosis medication use, refracture and/or falls.

Osteoporosis – a condition that weakens bones, making them fragile and more likely to break. These fractures are most common in bones of the spine, wrists and hips.

Osteopenia – a condition where the bone density is lower than normal but not as severe as in osteoporosis.

My bone health record

Date of fracture	
Date of FLS assessment	
Date of falls assessment	
Some people may also need:	
Date of DXA scan	
Date of first strength and balance class	
Date started bone medication	
Date of first follow-up	
Date of second follow-up	
FLS contact telephone number	

What the NHS should provide for people over 50 who have broken a bone after falling from standing height or less.

Feedback

If you would like to tell us about your experiences or how useful you found this information, please contact us.

You can email on:

flsdb@rcplondon.ac.uk

Or phone:

020 3075 1511

Or write:

FFFAP team

Royal College of Physicians

11 St Andrews Place

Regent's Park

London NW1 4LE



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