V РОССИЙСКИЙ КОНГРЕСС ПО ОСТЕОПОРОЗУ И ДРУГИМ МЕТАБОЛИЧЕСКИМ ЗАБОЛЕВАНИЯМ СКЕЛЕТА
Москва 18-20 ноября 2013

V RUSSIAN CONGRESS ON OSTEOPOROSIS AND OTHER METABOLIC SKELETAL DISEASES
2013 November 18-20 Moscow

V РОССИЙСКИЙ КОНГРЕСС
ПО ОСТЕОПОРОЗУ И ДРУГИМ МЕТАБОЛИЧЕСКИМ ЗАБОЛЕВАНИЯМ СКЕЛЕТА

ПРОГРАММА
МАТЕРИАЛЫ

Приложение к научно-практическому журналу
«Остеопороз и остеопатия»
THE INCIDENCE OF HIP FRACTURE IN VILNIUS, 2006-2010

VIDMANTAS ALEKNA, MARIJA TAMULAITIENE, ASTA MASTAVICIUTE
Vilnius University, Faculty of Medicine, Vilnius, Lithuania
National Osteoporosis Center, Vilnius, Lithuania

INTRODUCTION
With the aging of population, hip fractures are associated with a huge burden in terms of mortality, disability, and costs. The incidence of hip fractures is increasing with age, however, in recent years the decrease of overall incidence was reported in several countries. Very little data are available about the incidence of hip fractures in Lithuania.

The aim of this study was to investigate the incidence of hip fracture in people aged 40 years and over, in Vilnius (Lithuania).

MATERIAL AND METHODS
Data were collected from the medical charts of all patients admitted to hospitals due to hip fracture in 5 years period, between 2006 and 2010. Gender- and age-specific incidence rates per 100,000 inhabitants for low-energy trauma hip fractures were calculated using the data of Vilnius population. Exclusion criteria were non-Vilnius citizenship, high-energy trauma, primary bone diseases and bone metastatic disease. Re-admissions for the same fracture were excluded when calculating the incidence. Population data were obtained from the Department of Statistics of the Republic of Lithuania (Statistics Lithuania).

RESULTS
From 2006 to 2010 the number of hip fractures remained stable in men (from 142 to 146 fractures per 100,000 persons) and in women (from 352 to 335 per 100,000 persons). The incidence of hip fracture was 289 (179 in men and 409 in women) in 2006, and 252 (160 in men and 308 in women) in 2010 per 100,000 inhabitants of Vilnius over 40-years of age. After a linear Poisson regression model was constructed (age and gender were analysed separately), it was found that hip fracture incidence was decreasing by 3% per one year (HR per 1 year = 1.03, 95% CI: 0.98-1.09), but the effect was not statistically significant (p = 0.23). For women, there was a decrease by 5% per year (HR per 1 year = 1.05, 95% CI: 1.02-1.09), and the effect was significant (p = 0.0047).

CONCLUSION
From 2006 to 2010, the low-energy trauma hip fracture incidence in Vilnius decreased by 5% per year in women aged 40 years and over.

CLINICAL IMPACT OF OSTEOPOROTIC FRACTURES

E.CZERWINSKI1,2, M.BERWECKA1,
1Department of Bone and Joint Diseases Medical College Jagiellonian University
2Krakowskie Centrum Medycyny, Kopernika 32, Kraków

Osteoporotic fractures are one of the most significant, yet still underestimated health problems. They occur in 30% of women and 8% of men aged 50 and more. Patients with osteoporotic fractures account for 75% of cases at emergency departments. The risk of proximal femur fracture increases twofold after radius fracture, 2.5 times after a spinal fracture and as much as 6 times after a hip fracture. Unfortunately it is customary throughout the world that after the first fracture only one in five patients, even among those hospitalized, has the treatment of osteoporosis implemented. Most commonly the first fracture is a spinal fracture, but it goes unrecognized mainly because it is in 60% of cases asymptomatic. Even if this type of fracture appears on a radiograph performed for a different diagnostic purpose, in only 7% of cases a treatment for osteoporosis is implemented. Spinal fractures cause pain, deformity of the chest as well as malfunctions of respiratory, circulatory and digestive systems. Spinal fractures are generally treated conservatively. Current researches showed that there are no differences in long-term effects between vertebro- or kyphoplasty and the conservative treatment. These surgical procedures are being overused, contrary to the principle of «primum non nocere». Fractures of the distal radius are the most common symptomatic fractures, usually treated conservatively. Unfortunately, in 40% of cases, complications are observed at a later date.

Proximal femur fractures are the most serious consequence of osteoporosis. Every year one in five women and one in four men die as a consequence of this fracture; of those who survive 40% become disabled and 50% require a long-term residential care. Fractures of proximal femur are treated surgically – by means of a fixation in cases where fracture healing is expected, otherwise a hip replacement surgery is performed. All osteoporotic fractures decrease the quality of life. After a spinal fracture it is lower in the elderly and in patients with numerous prevalent fractures. Mortality grows as a result of both spinal and hip fractures, nevertheless, no such relationship was observed when it comes to radius fractures. The highest mortality resulting from proximal femur fractures occurs in the first year after the injury, and in case of spinal fractures it is similar after 5 years. It has been shown that mortality after a hip fracture can be reduced by introducing multidisciplinary care (orthogeriatric). The implementation of Fracture Liaison Services reduces the frequency of fractures.