



Second hip fracture in elderly patients

Yaşlı hastalarda ikinci kalça kırığı

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Osteoporotic fractures are common due to the increase of the average age of the population all over the world. The awareness and knowledge on osteoporosis have increased in the last decade. However, the problem of a second hip fracture has not been emphasized enough.^[1]

The cumulative incidence of second hip fractures (SHF) was 9% in the Netherlands.^[2] The relatively high risk of sustaining SHF demonstrates the importance of secondary prevention in patients with a prior wrist or vertebral fracture.

In a nationwide population-based longitudinal observational study using the National Health Insurance Research Database in Taiwan, the overall incidence of SHF was 9.18%, and the age-specific mortality increased 1.6- to 2.2-fold in patients with SHF compared with those not having undergone first hip fracture surgery.^[3]

A meta-analysis indicated that the significant risk factors for SHF were being female (OR, 1.46; 95% CI, 1.29-1.66), living in institutions (OR, 2.23; 95% CI, 1.29-3.83), osteoporosis (Singh index 1-3) (OR, 10.02; 95% CI, 5.41-18.57), low vision (OR, 2.09; 95% CI, 1.06-4.12), dementia (OR, 1.89; 95% CI, 1.47-2.43), Parkinson (OR, 2.90; 95% CI, 1.41-5.95), cardiac diseases (OR, 1.32; 95% CI, 1.02-1.70), and respiratory disease (OR, 1.97; 95% CI, 1.16-3.32).^[4]

In another systematic review and meta-analysis of models of care for the secondary prevention of osteoporotic fractures, there were four general models of care which included type A: identification, assessment and treatment of patients as part of the service; type B: similar to A, without treatment initiation; type C: alerting patients plus primary care physicians; and type D: patient education only. Types A and B were cost-effective, although definition of cost-effectiveness varied between studies.^[5]

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