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Paolo Falaschi • David Marsh  
Editors

# Orthogeriatrics

The Management of Older Patients  
with Fragility Fractures

Second Edition

In Collaboration with  
Stefania Giordano

 Springer

*Editors*

Paolo Falaschi  
Geriatrics Department  
Sapienza University of Rome  
Roma  
Italy

David Marsh  
Department of Orthopaedics  
University College London  
London  
UK

*In Collaboration with*

Stefania Giordano  
Assistant Geriatrician at Italian  
Hospital Group  
Guidonia (RM)  
Italy



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## Preface to the Second Edition

The first edition of *Orthogeriatrics* [1] stressed that the key feature of older patients with fragility fractures is that they often have the dual problem of *fragility* (of the bone) and *frailty* (of their entire physiology). Therefore, the appropriate mode of management in the acute phase is orthogeriatric co-management, bringing to bear the relevant skillsets for dealing with these two problems simultaneously. We asserted that this is true in all parts of the planet but that card-carrying geriatricians are not essential—geriatric *competencies* can be acquired by other physicians in countries where the discipline of geriatric medicine is not well established—and we tried to show what these competencies are. This second edition takes that attempt further, in the context of two significant developments that have occurred over the last 3 years.

The first was the publication of *A global call to action to improve the care of people with fragility fractures* [2]. The writing of this paper was led by the Fragility Fracture Network (FFN), with input from five other international organisations (EFORT, EuGMS, ICON, IGFS and IOF). It was then endorsed, prior to publication, by a further 75 organisations from the relevant disciplines, some global, some regional and some national from the larger countries of Brazil, China, India, Japan and the United States of America. Since publication, a steady stream of other national professional associations has been adding their endorsement.

However, this uniquely broad base of support is not the only special feature of this statement. It not only covers (i) the multidisciplinary management of the acute post-fracture period but also encompasses (ii) the rehabilitation phase, starting immediately post-op but continuing for the rest of the patient's life and (iii) the vital business of secondary prevention—stopping the next fracture by addressing both osteoporosis and falls risk. We have come to refer to these as the three 'Clinical Pillars' of the Call to Action (CtA). To these, a fourth pillar was added—the *political* pillar of creating national multidisciplinary alliances between the relevant mainstream professional associations, which can push for the policy change and multi-professional education needed to give impetus to the first three. The CtA has brought home the fact that these four elements are all essential to tackle the problem of fragility fractures going forward. Their linkage has effectively enlarged the meaning of 'the orthogeriatric approach' to encompass all the four pillars.

The second significant development was the development of the Regionalisation Policy of the FFN. This is specifically aimed at stimulating the creation of National

FFNs (nFFNs), who have the mission to promote the implementation of the four pillars of the CtA in their country. It was devised to address the fact that the ageing trajectory, and hence the predictions of fragility fracture incidence, are worst in the emerging economies of Asia Pacific, Latin America and the Middle East, where the FFN was least well established and from where health professionals could least afford to come to meetings in Europe, where the FFN was strong and the concept of orthogeriatrics better established. However, the fact that healthcare policy can only be changed at a national level means that the rationale for nFFNs is just as valid in the mature economies of Europe, North America and elsewhere.

This strategy has been accelerated by organising the so-called Regional Expert Meetings, starting in the Asia Pacific region and continued in Latin America and Europe. By March 2020, there were 14 nFFNs, 8 of them in Asia Pacific.

At a meeting held in Oxford, following the 2019 Global Congress, the authors of the chapters in this book got together with other fragility fracture activists to consider how the second edition needed to be modified to properly take into account these developments. The conclusions reached, including the grouping of chapters in accordance with the pillars of the Call to Action, are described in Chap. 1, which functions as a guide to the book as a whole.

This edition is open access and planned to be translated into several languages; we hope that this will increase the impact of the book in stimulating positive change on the ground, to the benefit of patients.

## References

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London, UK  
Rome, Italy

David Marsh  
Paolo Falaschi

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# Contents

## Part I Background

- 1 The Multidisciplinary Approach to Fragility Fractures Around the World: An Overview** . . . . . 3  
David Marsh, Paul Mitchell, Paolo Falaschi, Lauren Beaupre, Jay Magaziner, Hannah Seymour, and Matthew Costa
- 2 Epidemiology of Fragility Fractures and Social Impact** . . . . . 19  
Nicola Veronese, Helgi Kolk, and Stefania Maggi
- 3 Osteoporosis and Fragility in Elderly Patients** . . . . . 35  
Paolo Falaschi, Andrea Marques, and Stefania Giordano
- 4 Frailty and Sarcopenia** . . . . . 53  
Finbarr C. Martin and Anette Hylene Ranhoff

## Part II Pillar I: Co-management in the Acute Episode

- 5 Establishing an Orthogeriatric Service** . . . . . 69  
Terence Ong and Opinder Sahota
- 6 Pre-hospital Care and the Emergency Department** . . . . . 83  
Alex Ritchie, Andrew Imrie, Julia Williams, Alice Cook, and Helen Wilson
- 7 Pre-operative Medical Assessment and Optimisation** . . . . . 95  
Helen Wilson and Amy Mayor
- 8 Orthogeriatric Anaesthesia** . . . . . 111  
Stuart M. White
- 9 Hip Fracture: The Choice of Surgery** . . . . . 125  
Henrik Palm
- 10 Proximal Humeral Fractures: The Choice of Treatment** . . . . . 143  
Stig Brorson and Henrik Palm
- 11 Post-operative Management** . . . . . 155  
Giulio Pioli, Chiara Bendini, and Paolo Pignedoli

### Part III Pillar II: Rehabilitation

- 12 Rehabilitation Following Hip Fracture** . . . . . 183  
 Suzanne M. Dyer, Monica R. Perracini, Toby Smith,  
 Nicola J. Fairhall, Ian D. Cameron, Catherine Sherrington, and  
 Maria Crotty
- 13 The Psychological Health of Patients and their Caregivers** . . . . . 223  
 Stefano Eleuteri, Maria Eduarda Batista de Lima, Paolo Falaschi,  
 and On behalf of the FFN Education Committee

### Part IV Pillar III: Secondary Prevention

- 14 Fracture Risk Assessment and How to Implement  
 a Fracture Liaison Service** . . . . . 241  
 Nicholas R. Fuggle, M. Kassim Javaid, Masaki Fujita,  
 Philippe Halbout, Bess Dawson-Hughes, Rene Rizzoli,  
 Jean-Yves Reginster, John A. Kanis, Cyrus Cooper, and  
 on behalf of the IOF Capture the Fracture Steering Committee
- 15 Current and Emerging Treatment of Osteoporosis** . . . . . 257  
 Laura Tafaro and Nicola Napoli
- 16 How Can We Prevent Falls?** . . . . . 273  
 Hubert Blain, Stéphanie Miot, and Pierre Louis Bernard

### Part V Cross-Cutting Issues

- 17 Nursing in the Orthogeriatric Setting** . . . . . 293  
 Julie Santy-Tomlinson, Karen Hertz, Charlotte Myhre-Jensen, and  
 Louise Brent
- 18 Nutritional Care of the Older Patient with Fragility Fracture:  
 Opportunities for Systematised, Interdisciplinary Approaches Across  
 Acute Care, Rehabilitation and Secondary Prevention Settings** . . . . . 311  
 Jack J. Bell, Ólöf Guðný Geirsdóttir, Karen Hertz,  
 Julie Santy-Tomlinson, Sigrún Sunna Skúladóttir,  
 Stefano Eleuteri, and Antony Johansen
- 19 Fragility Fracture Audit** . . . . . 331  
 Cristina Ojeda-Thies, Louise Brent, Colin T. Currie, and  
 Matthew Costa