



ELSEVIER

Contents lists available at [ScienceDirect](#)

Best Practice & Research Clinical Rheumatology

journal homepage: www.elsevierhealth.com/berh



Preface

Fragility fractures – Global call to action



Keywords

Fragility Fracture Network
Fragility fractures
Call to action
Orthogeriatric care
Secondary fracture prevention
Post-acute care

The World Health Organization (WHO) declared the years 2020–2030 to be the “Decade of Healthy Aging.” Musculoskeletal Disorders and Trauma, especially fragility fractures, are a major burden to the aging society that can occur at all ages but do so most frequently in the elderly [1]. These fractures have a severe impact on mortality and disability. Following major fractures in the elderly, almost half of the patients never achieve the same function as before, one third require a severe change in the living surrounding, and hip fracture patients have a two-to threefold excess mortality [2]. This is mainly caused by comorbidities and complications in these geriatric multi-morbid patients. In addition, there is a high risk of imminent subsequent fractures. However, numerous studies have clearly documented a major and unacceptable treatment gap after the fracture.

Obviously, these complex situations require competent expertise from very different directions. Unfortunately, in the past, collaborative efforts of different disciplines in the acute phase were limited and secondary prevention activities were rare.

In the framework of the Global Alliance of Musculoskeletal Health (G-Musc; bjdonline.org), a global multidisciplinary and multi-professional organisation was founded 10 years ago – the Fragility Fracture Network (FFN; fragilityfracturenetwork.org). In this framework, a collaborative co-operation is established between surgeons, geriatricians, rheumatologists, endocrinologists, anesthesiologists, rehabilitation experts, nurses and physiotherapist. Initiated by the FFN a, “Global call to action to improve the care of people with fragility fractures” was recently released. Nearly 100 global, regional and national leading societies have already officially endorsed this resolution [3]:

The ageing of society is driving an enormous increase in fragility fracture incidence and imposing a massive burden on patients, their families, health systems and societies globally. Disrupting the status quo has therefore become an obligation and a necessity. We call for implementation of a systematic approach to fragility fracture care with the goal of restoring function and preventing subsequent fractures without further delay.

There is an urgent need to improve the following:

- Acute multidisciplinary care for the person who suffers from hip, clinical vertebral and other major fragility fractures
- Rapid secondary prevention after the first occurrence of all fragility fractures, including those in younger people as well as those in older persons, to prevent future fractures
- On-going post-acute care of people whose ability to function is impaired by hip and major fragility fractures

To address this fragility fracture crisis, the undersigned organisations pledge to intensify their current efforts to improve the management of all fragility fractures, prevent subsequent fractures and strive to restore functional abilities and quality of life. The time has come and it requires we acknowledge that the status quo is no longer acceptable and that the opportunity starts with the next fractured patient!.

In this issue of Best Practice and Research: Clinical Rheumatology, we aim to provide a contemporary reference for practitioners and researchers treating people with fragility fractures.

Multidisciplinary treatment of hip fractures with focus on pre-, peri- and post-operative care of these most often geriatric patients is described in the first chapter. This is followed by chapters summarising evidence for treatment of fragility fractures in the spine and in non-hip/non-vertebral locations. This section is completed by a report on current surgical concepts in the treatment of fragility fractures. Functional recovery is a key requirement after fragility fractures and the content described in a separate chapter. Prevention of subsequent fractures requires secondary prevention including pharmacological and nutritional supplementation as well as fall prevention – most interventions made thus far mainly neglected. The chapter on Fracture liaison programs summarises recent knowledge to provide adequate care. The final chapter describes management of fragility fractures in India, an area with an enormous increase in fractures in the elderly, and therefore, a huge epidemic of fractures is to be expected.

We hope you can benefit from the shared expertise of the authors and would like to take the opportunity to thank them for their contribution to this publication.

References

- [1] Briggs AM, Woolf AD, Dreinhöfer KE, et al. Reducing the global burden of musculoskeletal conditions. *Bull World Health Organ* 2018;96(5):366–8.
- [2] Sánchez-Riera L, Wilson N. Fragility fractures & their impact on older people. *Best Pract Res Clin Rheumatol* 2017;31(2): 169–91.
- [3] Dreinhöfer KE, Mitchell PJ, Bégué T, et al., on behalf of: the Fragility Fracture Network (FFN); European Geriatric Medicine Society (EuGMS); European Federation of National Associations of Orthopaedics and Traumatology (EFORT); International Collaboration of Orthopaedic Nursing (ICON); International Geriatric Fracture Society (IGFS); International Osteoporosis Foundation (IOF). A global call to action to improve the care of people with fragility fractures. *Injury* 2018;49(8):1393–7.

Karsten E. Dreinhöfer
Center for Musculoskeletal Surgery (CMSC), Charité Universitätsmedizin Berlin, Dept. of Orthopedics and
Traumatology, Medical Park Berlin Humboldtmühle, An der Mühle, 13507, Berlin, Germany
E-mail address: karsten.dreinhoefer@charite.de