

## Fracture Liaison Service: A Friend in Need

We read with interest a crisp review entitled “Postmenopausal osteoporosis - An Indian perspective” by Rajan *et al.*, which succinctly highlighted important points with respect to epidemiology, diagnosis, and management of a condition having a huge impact on human morbidity, healthcare expenditure and quality of life.<sup>[1]</sup> One important aspect of its management that is gaining international acceptance should serve as a corollary to that article.

Osteoporosis is a silent disorder, and the silence makes its documentation, identification, and management difficult, more so in countries where people only attend clinics with complications that directly affect lives or livelihood. Fracture is a key complication, and most of the time, the only presenting feature that lends the patient into health-care facility. The tagging of patients with suspected osteoporosis-related fractures is an easier way to manage osteoporosis or future fractures in a cost-effective manner.

Fracture liaison service (FLS) is a secondary fracture prevention service targeting osteoporotic patients with a coordinator-based system.<sup>[2]</sup> The concept involves collaboration between a doctor and an FLS coordinator with an objective to reduce the risk of suffering another fracture. Active patient participation is an important element to the success of the program. “Capture the fracture,” a flagship campaign endorsed by International Osteoporosis Foundation is an initiative to support global acceptance of FLS. The initiative attempts adoption and awareness of FLS at the national level through important stakeholders. The formulation of the best practice framework (BPF) is another step in this regard. It is considered the single most important thing that directly improves patient care without gender bias to reduce fracture care-related costs.<sup>[2,3]</sup>

FLS fracture prevention program includes bone evaluation and personalized plan to prevent future fractures targetting patients in the age group of 50 and above with a recent fracture.<sup>[3]</sup> A thorough medical history, relevant history of recent fracture, and risk for future fractures are assessed. Identification of bone density, presence of osteoporosis, status of Vitamin D or calcium supplementation, and presence of other fractures are noted. A good medical history, new laboratory investigations to assess bone health (if never or not done in the last 6 months) or relevant X-rays are made in the following visits. Regular follow-up and integrated FLS database systems are key elements. It has been observed that only 20% of fragility fracture cases get the treatment for their osteoporosis. FLS model thus improves diagnosis and decreases morbidity.<sup>[4]</sup> Wide-spread adoption and availability of FLS may be boon for countries like India where health-care costs and out-of-pocket expenditure on treatment is a grave concern. Many countries have found FLS promising and advocated a global outreach. FLS has recently been started at few centers in India like Post Graduate Institute of Medical Education and Research Chandigarh, P.D. Hinduja hospital Mumbai and Maulana Azad Medical College New Delhi.<sup>[5]</sup> Patients with perceivable risk of falls are evaluated and referred to fall prevention services if required, and this step is also included in BPF. The finer details of the fall prevention checklist is not known to us as of now but soon be universally recognized once every state or major district adopts FLS. The FLS do require a gamut of dedicated health-care personnel but is worth the effort against a disorder speculated to rise by epidemic proportion in future. The initiative requires support, in letter and spirit, from all health-care personnel, associations, and key stakeholders as an idea whose time has come. FLS will ensure the benefit of

diagnosis and management of osteoporosis reaches to a larger populace.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

**Ganesh Singh Dharmshaktu**

Department of Orthopaedics, Government Medical College, Haldwani, Uttarakhand, India

**Address for correspondence:** Dr. Ganesh Singh Dharmshaktu,  
Department of Orthopaedics, Government Medical College,  
Haldwani - 263 139, Uttarakhand, India.  
E-Mail: drganeshortho@gmail.com

### REFERENCES

1. Rajan R, Paul J, Kapoor N, Cherian KE, Paul TV. Postmenopausal osteoporosis- An Indian perspective. *Curr Med Issues* 2020;18:98-104.
2. Fracture Liaison Service "FLS". Available from: <http://www.nof.org/patients/communication-with-your-doctor/fracture-liaison-service-fls/>. [Last accessed on 2020 May 08].
3. Javaid MK, Kyer C, Mitchell PJ, Chana J, Moss C, Edwards MH, *et al*. Effective secondary fracture prevention: Implementation of a global benchmarking of clinical quality using the IOF capture the fracture best

practice framework tool. *Osteoporos Int* 2015;26:2573-8.

4. Bonanni S, Sorenson AA, Dubin J, Drees B. The role of the fracture liaison service in osteoporosis care. *Mo Med* 2017;114:295-8.
5. Get Mapped. Available from: <http://www.capturethefracture.org/get-mapped>. [Last accessed on 2020 Jun 01].

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**Date of Submission:** 02-Jun-2020

**Date of Review:** 05-Jul-2020

**Date of Acceptance:** 18-Jul-2020

**Date of Web Publication:** 19-Oct-2020

#### Access this article online

**Quick Response Code:**



**Website:**  
[www.cmijournal.org](http://www.cmijournal.org)

**DOI:**  
10.4103/cmi.cmi\_97\_20

**How to cite this article:** Dharmshaktu GS. Fracture liaison service: A friend in need. *Curr Med Issues* 2020;18:349-50.

© 2020 Current Medical Issues | Published by Wolters Kluwer - Medknow