



Royal College
of Physicians

Falls and Fragility Fracture
Audit Programme (FFFAP)

Strong bones after 50

Fracture liaison services explained
A guide for patients, carers and families

What the NHS should provide for people over 50 who have broken a bone after falling from standing height or less.



In association with

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About this guide

If you are over 50 and have broken a bone after falling from standing height or less, this guide is for you, as well as your family and carers. It explains what a fragility fracture is, and what good healthcare services should be doing to prevent further broken bones.

What is a fragility fracture?

A 'fragility' fracture is a broken bone caused by fall from a standing height or less. Fragility fractures often affect the larger bones of the body such as the back, hip or wrist.

Bones are strong and usually don't break from a simple fall, but as we get older our bones become weaker. Osteoporosis and other bone diseases can increase this effect of age, and further weaken bones. This means that even a low-impact fall from a standing height can cause a broken bone (also known as a fracture).

What is a fracture liaison service?

People who have suffered a fragility fracture are at higher risk of breaking another bone; either the same bone again or another bone in the body. Fracture liaison services (FLSs) are teams of nurses, doctors, therapists and administrative staff who provide people (usually 50 and over) with the care that is necessary to reduce this risk.

How to use this guide

The information in this guide covers the essential aspects of your care, and is designed to help you and your family understand and plan your care.

The data in this leaflet are from the Fracture Liaison Service Database. It includes data on 58,979 patients who were diagnosed with a fragility fracture between January and December 2018.

The audit is managed by the Royal College of Physicians in London, and funded by the Healthcare Quality Improvement Partnership (HQIP).

Looking at the results from the audit is really useful for patients because you can see what good fragility fracture care looks like across England and Wales.

As well as reading this guide, we encourage you to ask the doctors and nurses looking after you any questions you may have, and to discuss your treatment until you're happy that you understand **what** is being done and **why**.

A glossary explaining some of the terms used in the booklet appears on page 14.



What are the minimum standards of FLS care you should expect?

Day 1

Date your fracture was diagnosed as a fragility fracture in the NHS.

At 12–14 weeks

You should have been assessed by an FLS and, if necessary, attended a bone density (DXA) scan to measure your bone density.

At 12–16 weeks

If prescribed medication to improve your bone health after a fracture, you should be contacted to ensure you have started taking the medication and have no side effects.

At 12–16 weeks

You should be asked if you have started your strength and balance exercise classes, if you were referred for them.

At 1 year

If prescribed medication to improve your bone health, you should be contacted to ensure you are continuing to take the medication.

At 3 years

Most treatments need to be taken for at least 3 years, and it is important to make sure the treatment suits you.



Important information

If you have a new fracture while taking bone health medication, your treatment should be reviewed.

I have broken a bone after a minor bump or fall. What happens next?

What should happen?

All people aged 50 or over who have suffered a fragility fracture should have a bone health check and, if needed, be recommended treatment to strengthen bones. However, not all areas in the UK have an FLS that can do this, and most FLSs are not seeing as many patients as we'd expect.

Why is this important?

A bone health check will find out whether you are at risk of osteoporosis and further fractures, in which case treatment to strengthen bones may be recommended.

What can you do?

At present, FLSs are submitting data on less than half of the expected number of patients. If a bone check is not automatically provided for you, request one from your GP or hospital.

What happens if I have an X-ray or body scan for another reason and a spine fracture is discovered by chance?

What should happen?

All patients aged 50 or over who have a newly reported spine fracture should be referred to an FLS for assessment and possible treatment. This includes where a spine fracture is discovered by chance.

When should this happen?

This should happen within 3 months of the spine fracture being diagnosed.





Why is this important?

Spine fractures are one of the most common fragility fractures. However, in contrast to other fragility fractures (eg of the hip or wrist), which are normally the result of a fall, spine fractures may occur following everyday activities – such as bending and lifting – and sometimes cause little or no symptoms.

This means that spine fractures often go undiagnosed or are discovered by chance at a later date when an X-ray or body scan is performed for another reason. This makes it particularly difficult for FLSs to identify people with such fractures.

What we found

Only one in three FLSs in England reported that they routinely identify people who come to hospital with back pain and have a spine fracture.

Should I be checked for osteoporosis and fracture risk?

What should happen?

After a fragility fracture, you should receive a bone check. The FLS staff should use an ‘assessment tool’ to calculate your risk of another fracture. To complete this assessment, you will need to give details of your age, gender, height and weight, whether you have certain related conditions or you are taking steroids, and how much you smoke and drink.

When should this happen?

Within 3 months of your fracture.

Why is this important?

Assessments need to be conducted promptly because:

- > the risk of having a further fracture is increased in the first 2 years
- > they allow you to start treatment earlier to improve your bone health
- > they improve how you will take your medication (if needed)
- > they reduce your uncertainty about whether you need treatment to stop another broken bone.

Will my bone density be checked?

What should happen?

You may need to have a bone density (DXA) scan as part of your assessment. A DXA scan can help to decide whether patients will benefit from drug treatment. A DXA scan usually takes less than 20 minutes and is painless, quiet and not claustrophobic. You need to be able to lie flat on a couch.

When should this happen?

Within 3 months of your fracture.

Why is this important?

People who suffer a fracture may have generally weaker bones that are more likely to break. DXA scans can be used to measure the strength of bones.

Given the importance of DXA scans for assessing fracture risk, timely assessment will allow for rapid treatment recommendations to be made.

What does a DXA scan look like?



68%

of patients aged 50–74 had a DXA scan recommended after a fragility fracture, or they had already had a DXA scan in the previous 2 years. But only 46% of these patients were scanned within 90 days of their fracture.



A DXA scan also detects **osteopenia** – a condition where the bone density is lower than normal but not as severe as in osteoporosis.

Should I be assessed to establish why I fell?

What should happen?

Anyone over 65 who presents for medical attention because of a fall should have an assessment which aims to identify anything that might make them more likely to fall. This should be carried out by an FLS or another professional care team.

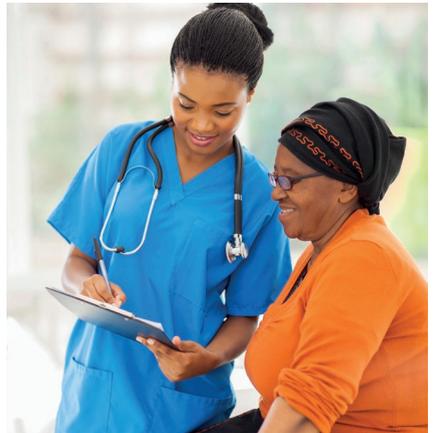
When should it happen?

A falls assessment should be completed within 12–14 weeks of the fracture diagnosis.

Why is this important?

Falls are the most frequent and serious type of accident in older people. However, falling can be prevented or reduced.

Most falls don't result in serious injury, but there's always a risk that a fall could lead to a fragility fracture. A falls assessment will identify whether there are specific things that can be done to help prevent future falls.



What we found

In 2018 only 54% of patients received, or were referred for, a falls assessment. If you are not automatically provided with a falls check, request one from your GP or hospital.

Do I need to go to a strength and balance class to reduce my risk of falling?

What should happen?

Guidance from the National Institute for Health and Care Excellence (NICE) says that older people living at home, who have a known history of repeated falls, or have balance problems making them prone to fall, should be referred for muscle strength and balance training.

Why is this important?

Special falls prevention training, including exercises designed to improve muscle strength and balance, have proved to be extremely effective in reducing falls, if people finish the course.

What we found

Less than one in 10 fracture patients had started strength and balance training by 16 weeks following their fracture. You may need to ask your GP or hospital to see if there is a strength and balance class you can attend.

What treatment will I have to reduce my risk of breaking another bone?

What should happen?

Whether or not you will be offered treatment to prevent further fractures will depend on your age, your bone density (if measured) and how many risk factors for weak bones you have. If you are at high risk of experiencing another fragility fracture, you will be offered drug treatment to reduce this fracture risk.

Why is this important?

Drug treatments help to strengthen your bones and reduce your risk of having fractures. For those at high fracture risk, drug treatments can reduce your risk of further fractures by up to a half. There are many different types of drug treatments and more information about these can be found on the Royal Osteoporosis Society website: www.theros.org.uk.

What can you do?

Less than a quarter of patients had a treatment recommendation. You may need to ask your doctor if you need bone treatments to lower your risk of another fracture.

What happens if I have a problem with the treatment I am prescribed?



What should happen?

You should be contacted at 12–16 weeks and 1 year after your fracture to ensure you are continuing with the medication and have minimal side effects. This is referred to as monitoring. This may be done by phone, questionnaire or by attending a clinic appointment in person.

Why is this important?

Treatments must be taken consistently and appropriately over many years to be effective. Many patients who are given oral treatments find them difficult to take, and stop taking them. Monitoring finds out if there are any issues with prescribed medications that need to be addressed. This sometimes results in a change in medicine that's better suited to you. Please do see your GP / a healthcare professional if you develop any problems.

What can I do to help myself?

- Have a healthy, balanced diet and healthy weight or body mass index between 20 and 25.
- Stop smoking.
- Reduce your alcohol intake to no more than 14 units per week.
- Do regular weight-bearing exercise. If you are unsure how your diagnosis may affect what you can and can't do, speak to your GP or health professional.
- Be aware of the standards of care your NHS should provide for you.
- Take the time to respond to any follow-up questionnaires about your bone health and falls treatments.
- See your GP if you have experienced a fragility fracture and you have not had a fracture risk assessment, or you are worried about your fracture risk.
- It is very important to continue to take treatments when they are prescribed, and if you find it difficult to take them, seek advice on what to do.

Questions to ask your GP after breaking a bone

- Am I at risk of another broken bone?
- Can I request a fracture risk assessment if I am worried about having another broken bone?
- Do I need a bone density scan?
- Do I need blood tests to check my bone health?
- If I am at high risk of fracture, how can I reduce the risk and what treatments are available?
- How will I be shown which exercises will give me more confidence in strength and balance?
- What can I do to avoid falling?
- What other treatments can I have if I cannot take recommended bone treatments?

What can I do if my care does not meet this guideline?

Get involved

If you think that your care does not match what is described in this booklet, please talk to a doctor, a nurse or raise it with your local healthwatch team.

Find out more

For osteoporosis information and support contact the Royal Osteoporosis Society:
www.theros.org.uk
Tel: 0808 800 0035
Email: info@theros.org.uk

Glossary

An explanation of some of the terms used in this booklet

DXA (dual-energy X-ray absorptiometry) scan – a test that assesses whether you have normal bone density, low bone density (also referred to as osteopenia), or osteoporosis.

Falls assessment – this aims to uncover anything that might make you more likely to fall, and to see whether there are specific things that can be done to help you and reduce your risk of falling again. This may include checking your eyesight, looking at any medications you take, and checking your balance and mobility.

Fracture – the same as a broken bone, and happens when a crack or split occurs in the bone.

Fracture liaison service (FLS) – a service that identifies, treats and refers people aged 50 and over who have suffered a fragility fracture, with the aim of reducing their risk of subsequent fractures.

Monitoring – this includes any patient review performed to check anti-osteoporosis medication use, refracture and/or falls.

Osteoporosis – a condition that weakens bones, making them fragile and more likely to break. These fractures are most common in bones of the spine, wrists and hips.



My bone health record

Date of fracture	
Date of FLS assessment	
Date of falls assessment	

Some people may also need:

Date of DXA scan	
Date of first strength and balance class	
Date started bone medication	
Date of first follow up	
Date of second follow up	

FLS contact telephone number	
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What the NHS should provide for people over 50 who have broken a bone after falling from standing height or less.

Was this booklet useful?

If you would like to tell us about your experiences or how useful you found this information, we welcome your feedback.

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