
MESSAGE FROM THE PRESIDENT

Osteoporosis: Are we doing the right thing?

The following extract appeared in the American press: 'A woman sustained a fragility fracture, was treated with internal fixation but had another fracture within three months. She sued her surgeon for not treating her osteoporosis and won the case.'

What are the related facts?

Statistics show that 53% of patients have a life-time risk of osteoporosis compared to heart disease (46%), stroke (20%) and breast cancer (10%). Osteoporotic fractures are closely linked to an increase in mortality.

Risk factors for osteoporosis are age, general poor health, dementia, being of either Caucasian or Asian race, previous fragility fracture, positive family history, early menopause, hypogonadism in men and low body mass index ($\downarrow 19 \text{ kg/m}^2$). Lifestyle factors (dieting, caffeine intake, smoking, alcohol intake, drinking phosphate beverages and lack of physical training) play a major role.

DEXA is still the gold standard for the diagnosis of osteoporosis. Increases in bone density correspond to fracture risk reduction.

Treatment consists of preventing fractures by improving bone and muscle strength (sarcopaenia) to prevent falls occurring. Many treatment options are available, such as calcium and vitamin D, anti-resorptives (HRT, raloxifene, bisphosphonates and strontium) and anabolic agents (PTH, strontium).

The responsibility lies with us to prevent recurrent fragility fractures, by either treating the patients ourselves or by referring them in good time.

Acknowledgement

Interview with Dr Elsa van Duuren, President of the South African Rheumatism and Arthritis Association (SARAA).



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