

NOGG Guidelines and Application In Practice:

Analysis of 3 years of NHFD data and bone health service provision at Royal Albert Edward Infirmary



Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

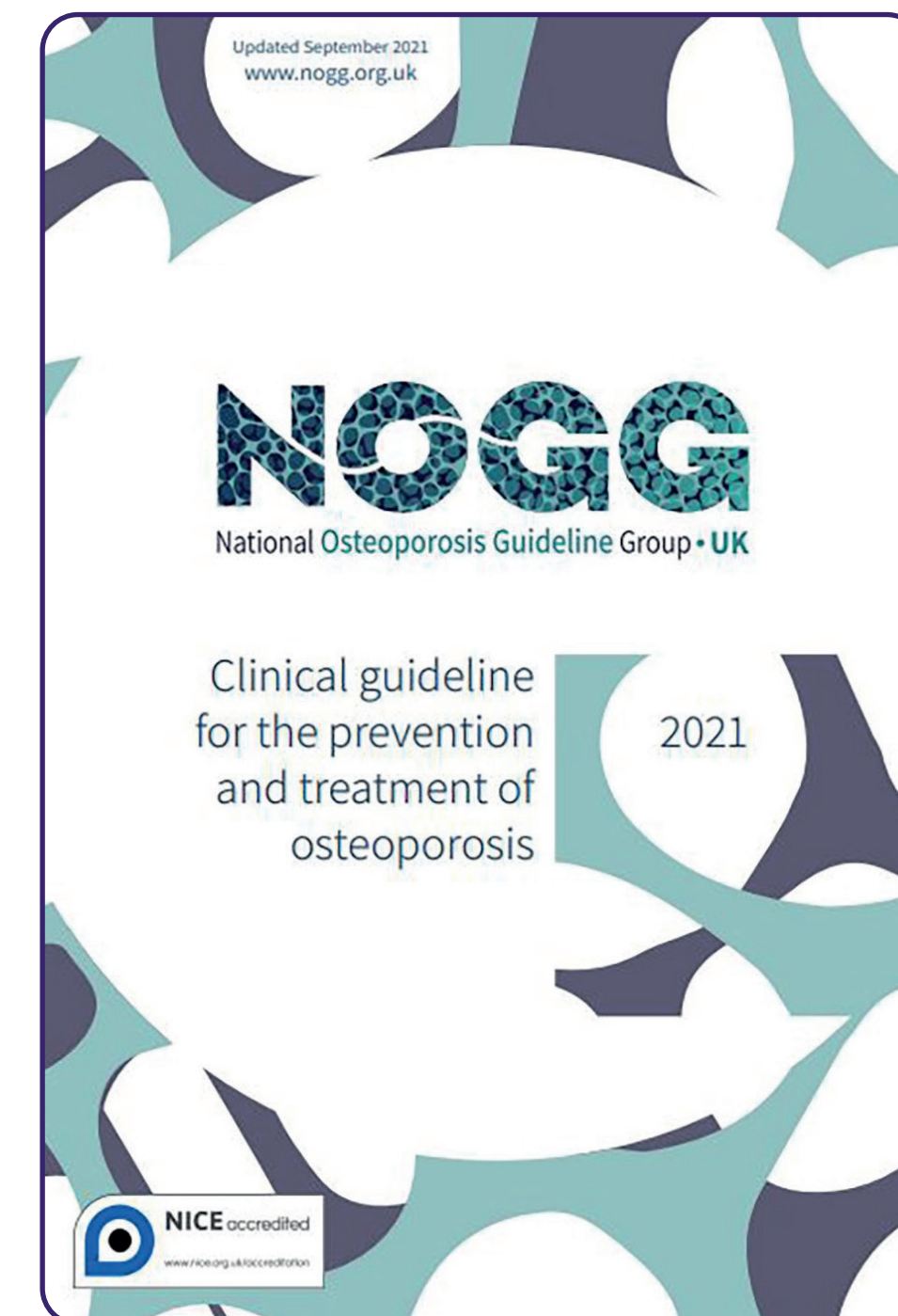
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Introduction

National Osteoporosis Guideline Group (NOGG) guidelines published in 2022 significantly changed practice in orthogeriatric setting with recommendation for early treatment to address “imminent fracture risk” and recommendation for greater use of injectable therapies for those at “very high fracture risk”.

Intravenous zoledronate is now considered first line treatment, particularly post hip fracture but additional services for provision of injectable therapies have not been created to address this.

The aim of this work was to analyse treatment choices for patients entered on National Hip Fracture Database (NHFD) for bone protection and assess current service provision against ongoing need.



Method

Data was collected retrospectively, using NHFD dataset for Royal Albert Edward Infirmary over 3 year period (2022 – 2024).

Details of treatment choice were analysed across the 3 years and service provision for continuation of injectable therapies assessed against patient need.



Bone Strengthening Treatment

A quarter of people will break another bone within 5 years of an initial broken bone and it is well known that osteoporosis medication can prevent this from happening.

However, while 120-day follow-up in the best hospitals shows four out of five patients continuing on bone strengthening drugs, several hospitals still report that none of their patients receive this protection (KPI7).

In 2023, we called upon teams to offer more of their patients Zoledronate (a longlasting medication, given in the form of a drip) before they leave hospital. This ‘call to action’ has been hugely influential, and is contributing to a dramatic rise in KPI7 from average 36% in 2022 to 43% in 2023, and 47% by December 2023.

This rise continues in 2024 but means that in 2023, 5,000 more people will have started and been supported to continue and benefit from bone protection.

Results

There were a total of 420 in 2022, 432 in 2023 and 381 in 2024 patients who were entered on the NHFD locally.

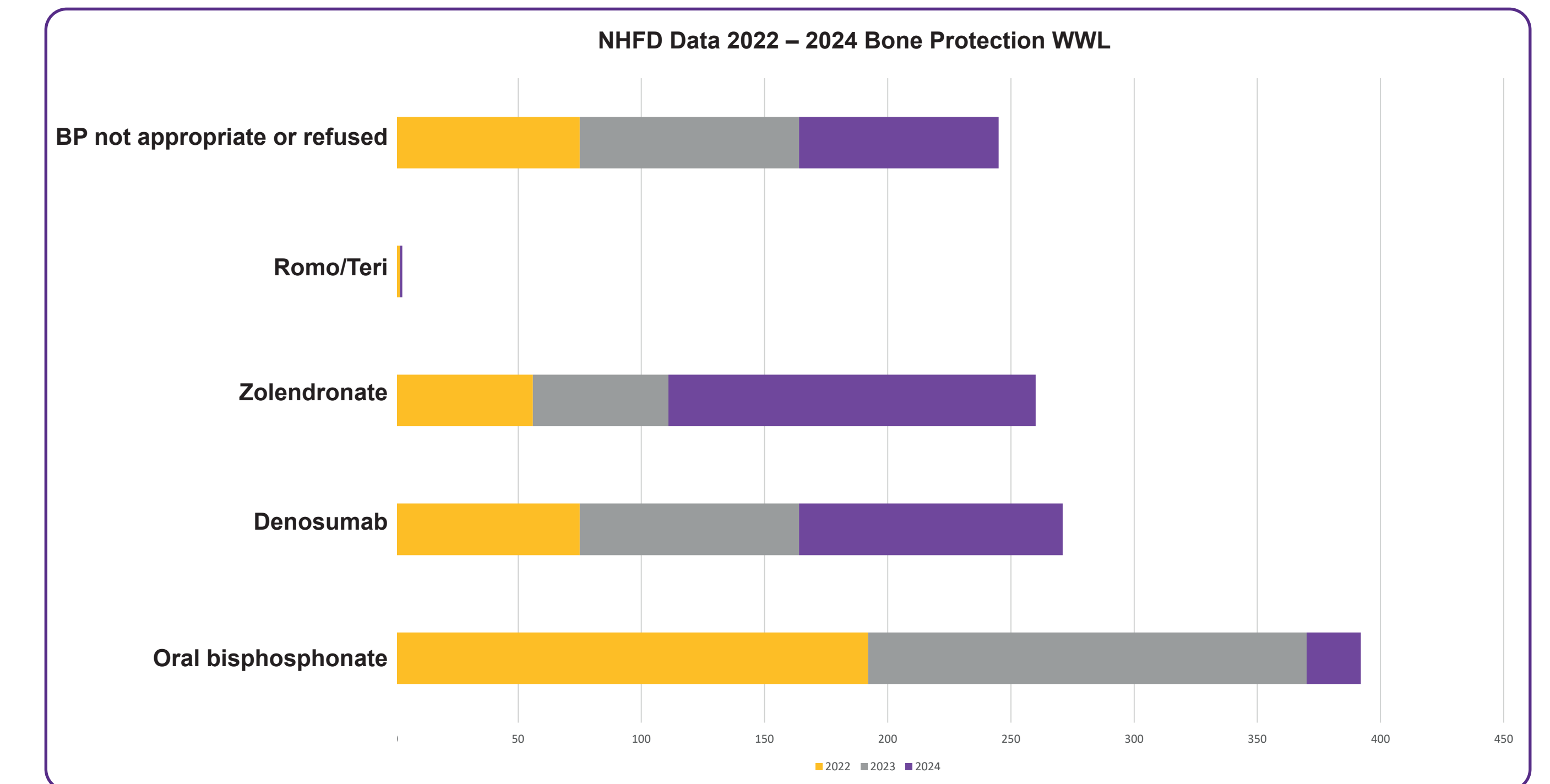
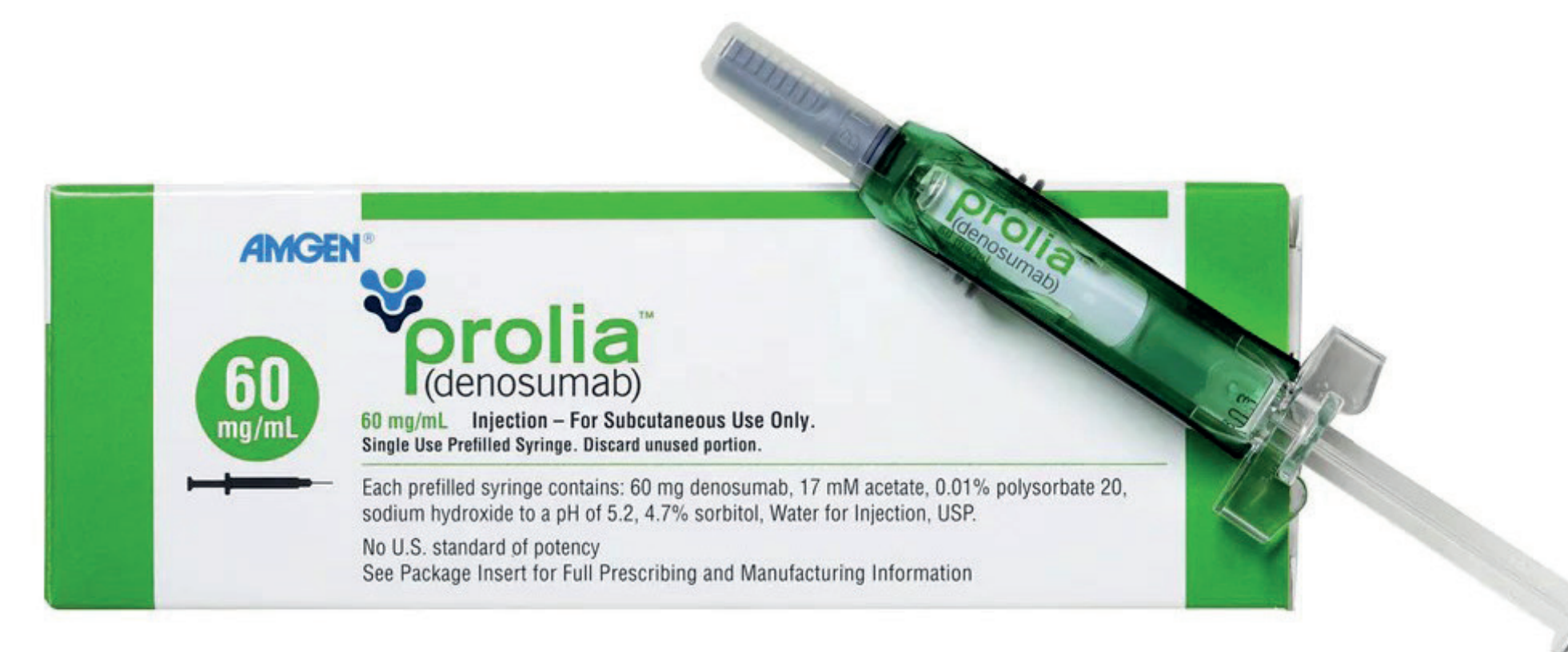
In 2022, 192 patients (45%) of patients were discharged on oral bisphosphonate, whereas this number went down to 174 (40%) in 2023 and only 22 in 2024 (6%).

Meanwhile, use of zoledronate nearly tripled from 56 (13%) in 2022 to 149 (39%) in 2024.

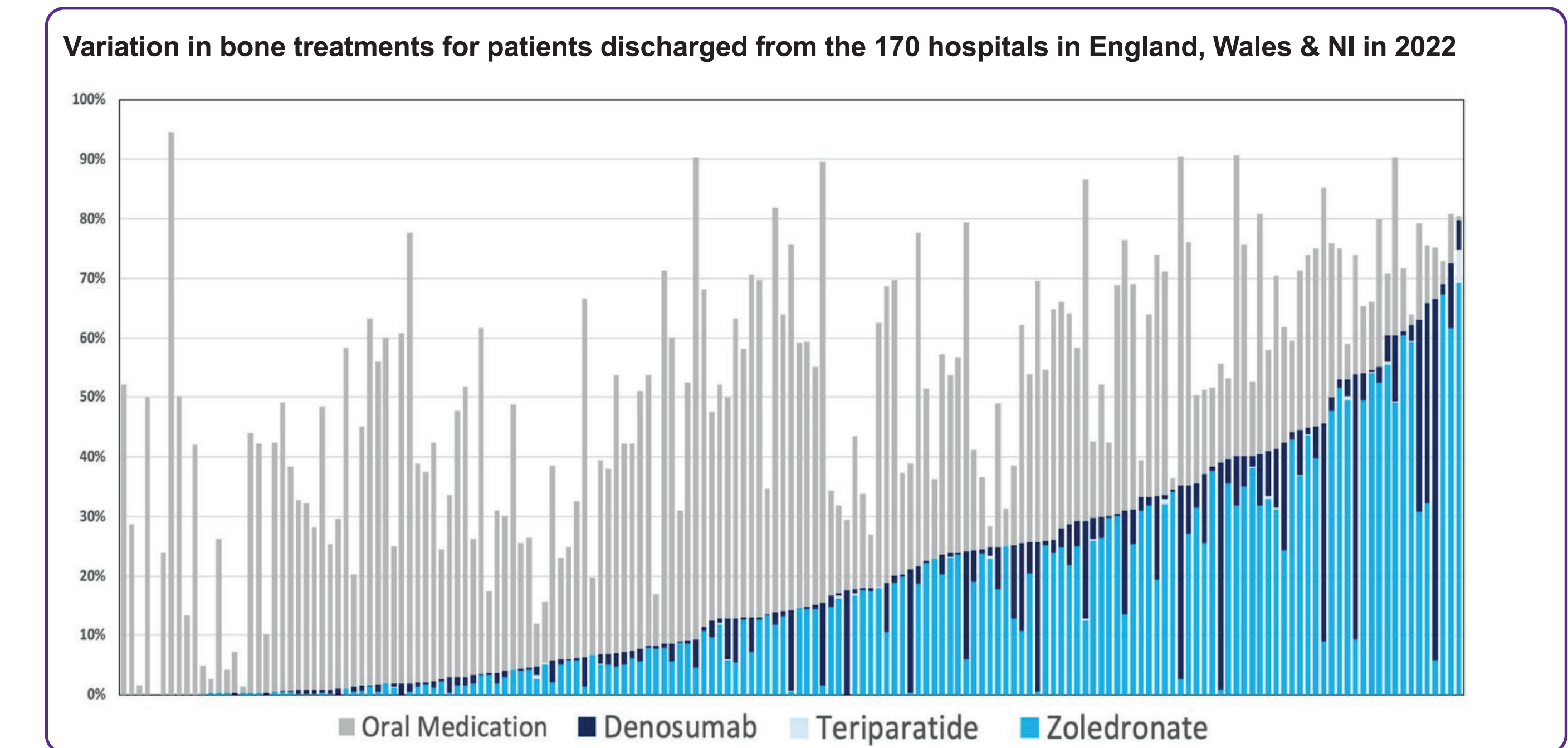
Denosumab use also increased from 75 (18%) in 2022 to 107 (28%) in 2024.



Overall, more than two thirds of patients were discharged home on injectable antiresorptive therapy in 2024 following a hip fracture.



16% of hip fracture patients discharged on iv Zoledronate; however, huge variability across England and Wales (0% to 75%)



Conclusion

Updated guidelines on optimal bone protection after hip fracture advise greater use of injectable antiresorptive drugs.

National initiatives should focus on ensuring equitable access to these treatments both via hospital day case unit provision but also via delivery of injectable therapies for osteoporosis in community, as we aim to deliver more healthcare outside of hospital environments.

Trusts should analyse individual datasets and plan for the future needs of their patients to ensure variability in treatment offer is reduced.

