

# Improving initial screening, investigation and intervention of bone health in a day rehabilitation unit

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## Background

DRU is an ambulatory frailty assessment service for older people in the community with reduced mobility or falls to receive a comprehensive geriatric assessment to maximise health and well being and minimise the risk of falls.

We identified a deficiency in the identification and treatment of bone health. We aimed to improve early screening for osteoporosis, prompting targeted investigation and intervention to improve patient outcomes as per national guidelines.

We hypothesised that a combination of clinical education and prompts in the proforma would improve our practice.

Fractures significantly diminish peoples quality of life and increase mortality. Medications available reduce the risk of further fracture by 50- 80%

## Methodology

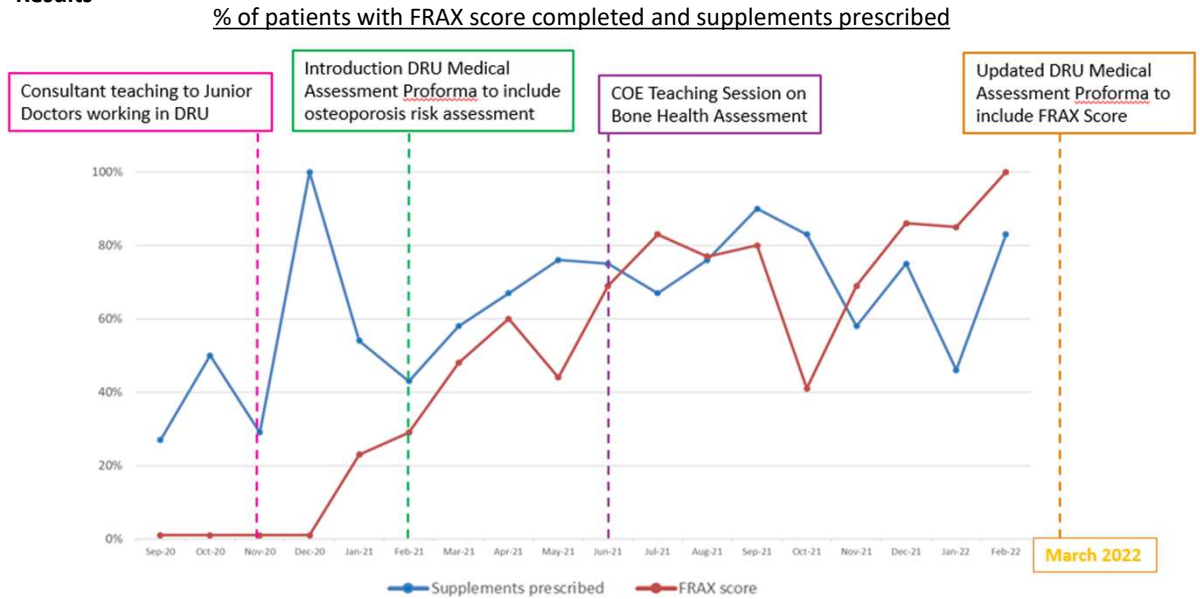
A total of 205 patients were audited retrospectively across an 18 month period from Sept 20 to Feb 22. We reviewed the electronic care record of patients seen in clinic to determine if bone health had been considered and analysed the data in microsoft excel.

- Age range: 45 – 95
- 64% of patients are Rockwood 5 or above – i.e at least mildly frail

## Interventions

- **November 2020** - Consultant teaching specifically to the junior doctors working in clinic.
- **February 2021** - Introduction of a Medical Assessment Proforma to include osteoporosis risk assessment.
- **June 2021** - Departmental wide teaching on bone health assessment.

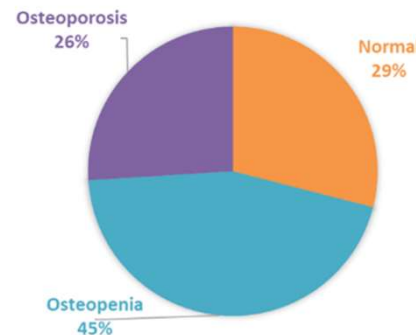
## Results



The above run chart shows the improvement made with the interventions over an 18 month period. FRAX score documentation has gone from **zero to 100%** and bone protection supplement prescription has improved from **27% to 83%**.

30% of patients who had a FRAX score were referred for a DEXA scan.

## DEXA results



This chart shows that 26% of the DEXAs that we have organised have shown osteoporosis. Therefore we have identified a significant number of patients at risk of fractures and considered for treatment to attempt to prevent future fragility fractures.

## Conclusion

This study has shown that an increased use of a standardised screening tool in line with national guidelines, supported by targeted education improves recognition and intervention of bone health.

This early intervention helps to prevent osteoporotic fractures, therefore improving the quality of life of our elderly population.

## References

1. Nice.org.uk. (2017). *Osteoporosis: assessing the risk of fragility fracture | Guidelines| NICE*. [Online] Available at: <https://www.nice.org.uk/guidance/cg146>