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Medical management practices in patients with clinically apparent osteoporotic fragility fracture – In Indian setting

Gauri Billa¹, Arvind Bhawe², Shreedhar Archik³, Milind Modak⁴, Tejas Upasani⁵ and Zubair Sorathia⁶

¹Abbott Healthcare Pvt. Ltd, India

²Bhave Hospital, India

³Care Clinic, India

⁴Yogesh Hospital, India

⁵Upasani Maternity & Surgical Nursing Home, India

⁶Medicare Hospital, India

Osteoporosis poses a huge challenge in India, with reported prevalence rates varying from 8% to 62% in Indian women. Despite high prevalence, data is scarce on the current management practices followed in Indian patients with clinically apparent osteoporotic fragility fracture. Hence this pan India study was conducted to understand the demographics, patient characteristics, contributing risk factors, management practices and the effect of teriparatide treatment on procollagen type-I N-terminal propeptide (PINP) bio-response marker (change in PINP at 3 months from baseline) in these patients, in Indian real-world setting. Adults (≥ 50 years) with fragility fracture, on anti-osteoporotic treatment (excluding calcium/vitamin D), were enrolled. A total of 62 (30.69%) out of 202 enrolled patients completed the 12-month follow-up; 140 (69.31%) patients were lost to follow-up. Mean age of the study population was 67.48 ± 9.34 years (women: 87.62%). Major sites of fracture were hip (10.9%), wrist (21.3%) and vertebra (69.8%). Most commonly ($\geq 25\%$) identified environmental/medical risk factors were poor balance (34.57%), lack of assistive devices in bathrooms (32.10%), previous fall (28.40%) and obstacles in the walking path (27.16%). Most commonly prescribed anti-osteoporotic treatment post-fragility fracture were ibandronic acid (23.76%); zoledronic acid (21.78%), teriparatide (20.79%), calcium (12.87%), risedronate sodium (9.41%) and vitamin D (8.42%). Mean (SD) change in PINP at 3 months from baseline was -10 mcg/L (10.76 ± 77.27 mcg/L) in subjects on teriparatide. This study sheds light on the current management practices among Indian orthopedic surgeons for treating patients with clinically apparent osteoporotic fragility fracture. Increase in PINP >10 mcg/L post teriparatide therapy provides an earlier confirmation of anabolic effect, which in turn may be a useful aid for the management of osteoporosis. Further, a large proportion of patients were lost to follow-up, indicating the need for increasing awareness among patients, for a successful long-term therapy.

Biography

Gauri Billa is an experienced Senior Medical Advisor with a demonstrated history of working in the hospital & health care industry. She has excellent skills in Clinical Research, Pharmacology, Clinical Trials, Healthcare, and Clinical Pharmacology. She is a strong healthcare services professional with a Doctor of Medicine (M.D.) focused in Pharmacology from King Edward Memorial Hospital.

shalini.nair@abbott.com

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