It's Time to Prevent Bone Attacks

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Failing to Prevent Fractures is Not OK…

In her 50’s

In her 70’s
Age-related Fractures Reduce Quantity and Quality of Life

Why should you be concerned?

The consequences of a fracture due to osteoporosis can be extremely serious:

- Chronic pain, immobility, and long-term disability – often leading to loss of independence and reduced quality of life.
- 20-24% DIE

Twenty to twenty-four per cent of people who have had a hip fracture will die in the first year following the fracture, and many other fracture types are also associated with an increased risk of death.

Hip fracture survivors often experience loss of function and independence, with 40% unable to walk independently and 60% requiring assistance a year later. In the year following a hip fracture, 33% are in a nursing home or totally dependent, placing a significant burden on family members who may have to become caregivers for their loved ones.
“Insanity: doing the same thing over and over again and expecting different results.”

~80% of Those Who Break Their Hip Receive NO Treatment to Reduce Future Fracture Risk (and it’s getting worse)

“We are failing in our mission to deliver healthcare for those at high risk.”

Prof John Kanis, M.D.
IOF President
Seville, Spain, April 2014

Adapted from Solomon, et al., J Bone Min Res, 2014 DOI: 10.1002/jbmr.2202
The Osteoporosis World Has Historically Focused ONLY on Treating the Bones, Not the Person

To Prevent Bone Attacks; In Addition to Exercise and Optimization of Nutrition, Classical Osteoporosis Medications Are Often Recommended for People at Risk

“But I have heard so much bad about osteoporosis medications….”
Some of it is the Reporting of Bad News

“Touting rare side effects of medications and bashing pharmaceutical companies has become a popular media pastime that strikes fear and distrust in the hearts of patients, but is not good science and does not contribute to good patient care.”


FDA: Your pain relievers may cause liver damage

Too Much Acetaminophen Can Cause Liver Damage, FDA Warns

FDA: Acetaminophen doses over 325 mg might lead to liver damage

“Acetaminophen is one of the most commonly used medicines in the United States. When used according to the label directions, it has a well-established record of safety and efficacy.”

http://www.fda.gov/Drugs/DrugSafety/SafeUseInitiative/ucm230396.htm
It is Time to Change the Focus From Bone to Keeping People Independent by Preventing Bone Attacks
Consider the Heart Attack Analogy

Treatment is Directed at Various Conditions to Reduce Risk
For a Potentially Catastrophic Outcome

Metabolic Syndrome

Hyperlipidemia
Hypertension
Diabetes
Obesity

Advancing age

Heart Attack

Reduced QOL
Healthcare Cost
Death

Family History
Toxins, e.g., tobacco
The Same Approach Makes Sense for Bone Attacks

Treatment Should be Directed at Various Conditions to Reduce Risk For a Potentially Catastrophic Outcome

Dysmobility Syndrome

Osteoporosis
Sarcopenia
Diabetes
Obesity

Advancing age
Family History
Toxins, e.g., tobacco

Reduced QOL
Healthcare Cost
Death

BONE Attack
Taking “Bone Attack” to the Clinic….

In Addition to Your Usual “Osteoporosis” Evaluation
How many times have you fallen in the past year?

- Did any of these falls cause injury?

Would you please stand up for me?

If history of falls, particularly injurious falls and/or cannot arise without use of arms:

Has sarcopenia or dysmobility (or whatever title you wish) and is at increased risk for bone attack
So Once We Have Diagnosed Sarcopenia or Dysmobility Syndrome (Or Whatever the Terminology Becomes)

What Are We Going to do About it???

Seems Likely That We Will Follow the Current “Osteoporosis” Paradigm of Exercise, Nutrition and Medications
Treat the Person, Not Just Their Bones

“The good physician treats the disease; the great physician treats the patient who has the disease.”

Sir William Osler
Thank You