

Letter from the Editor

Can a fracture liaison service (FLS) be successfully established in Greece?

Efthymios Iliopoulos¹, Georgios Drosos¹

¹*Metabolic Disease and Fragility Fractures Unit, Academic Orthopaedic Department of General University Hospital of Alexandroupolis, Democritus University of Thrace, Alexandroupolis, Greece*

Osteoporosis is a metabolic disease that primarily affects the elderly population in most countries across the globe, with its incidence rising significantly over the past decades. This condition leads to a significantly increased risk of fragility fractures, which can lead to several complications and even death.¹ Greece faces the same challenge, with projections indicating a substantial rise in osteoporosis and fragility fractures the coming years.² In particular, the growing incidence of fragility fractures and especially the hip fractures threaten to overwhelm the local health care systems, leading to increased complications, mortality rates and costs.³ Treating these patients presents numerous challenges for health care professionals, who have to address not only the fracture but also co-existing conditions such as multiple comorbidities, sarcopenia, malnutrition and frequent falls.⁴

With the view of improving the health care services provided for these patients, the fragility fracture network (FFN) global has divided these challenges into four pillars, helping to articulate and organise these patients' management. The first pillar focuses on the multi-disciplinary approach and the orthogeriatric management of these patients. The second pillar focuses on the rehabilitation and the aftercare of these patients, with the view to improve their independence and quality of life. The third pillar focuses on the secondary prevention of a new fragility fracture and the fourth pillar focuses on the

national collaborations and change of local policies.⁵

Fracture Liaison Service (FLS)

It has been proven that a fragility fracture significantly increases the risk of a new fragility fracture especially the first two years.^{6,7} To prevent a second fracture, proactive measures should be taken, especially for patients who have already sustained a fragility fracture and received treatment by a health care provider. These measures include diagnosing and treating osteoporosis, as well as reducing falls risk by addressing factors such as visual impairment, home safety modifications, and medication adjustments. This is a difficult task that requires a collaborative effort among healthcare professionals from various disciplines. Therefore, in many countries, such coordinated efforts have struggled to succeed, leading to a significant treatment gap.^{6,8}

The Fracture Liaison Service (FLS) is designed to systematically implement secondary prevention for all patients with fragility fractures.⁹ The implementation of such service has been proven to significantly reduce the risk of subsequent fractures.¹⁰ A key factor in the success of FLS is the effective recruitment of eligible patients, typically initiated through local fragility fracture registries. Once enrolled, the FLS team - comprising doctors, nurses, physiotherapists, occupational therapists, dietitians, and other specialists - works to prevent further fractures through a personalized approach. This includes the

osteoporosis medication and compliance, implementing fall prevention strategies (such as home modifications, vision correction, neurological disease management, and reducing polypharmacy), and addressing sarcopenia.^{11,12}

The FLS in Greece

In Greece, only few sporadic attempts have been made to establish a fracture liaison service.^{13,14} Key issues identified in these studies include a low recruitment rate, ranging between 30-55%, and the extremely poor follow-up rate of less than 20% in both studies.^{13,14} Data from the newly established Greek National Fragility Hip Fracture Registry further highlight the problem, revealing that the majority of patients (>60%) do not receive osteoporosis medication upon discharge from the acute care hospitals.¹⁵ This reflects a general lack of awareness among hospital doctors regarding secondary prevention. Additionally, the absence of incentives, experience, and motivation among healthcare professionals in

the Greek public sector exacerbates the issue. An effective FLS requires time and resources -challenges that cannot be overcome through personal effort and commitment alone, which, at present, remain the primary driving forces behind such initiatives.¹⁶

In conclusion, secondary prevention of the fragility fractures is a crucial factor in enhancing the quality of the healthcare services provided to our patients while reducing the financial burden of their treatment. Establishing an effective fracture liaison service should be a primary focus in achieving these goals. Successful implementation requires collaboration among a diverse team of healthcare professionals, alongside administrators and government authorities. With a well-structured and strategic plan, this initiative can become a reality. The recent establishment of the Greek fragility hip fracture registry, along with other ongoing projects by FFN Greece, offer a promising foundation for the eventual implementation of a Greek Fracture Liaison Service (FLS).