

wise, it must be said that there are other complementary imaging techniques which should be evaluated to detect wall or luminal inflammation in extracranial arteries in the case of large vessel vasculitis such as GCA. It also has to be pointed out that ultrasound scan is of limited value in cases of aortitis.³

We understand that an algorithm should be used to decide whether a cohort has low or high clinical suspicion, deciding on the basis of the result whether or not to perform a superficial temporal artery biopsy. Nevertheless, this algorithm deserves its own particular debate (Fig. 1).

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Héctor Corominas,^{a,*} Paula Estrada Alarcón,^b Patricia Moya,^a Dèlia Reina Sanz^b

^a *Unitat territorial de Reumatologia i Malalties autoimmunes sistèmiques, Hospital Universitari de la Santa Creu i Sant Pau, Barcelona, Spain*

^b *Servei de Reumatologia, Hospital Moisès Broggi, Sant Joan Despí, Barcelona, Spain*

* Corresponding author.

E-mail address: vancor@yahoo.com (H. Corominas).

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Application of the recommendations of the Spanish Society of Rheumatology on osteoporosis in a Fracture Liaison Service unit[☆]



Aplicación de las recomendaciones de la Sociedad Española de Reumatología sobre osteoporosis en una unidad Fracture Liaison Service

Dear Editor:

The new recommendations for osteoporosis (OP) of the Spanish Society of Rheumatology (SER) propose criteria for initiation of OP treatment including patients with fragility fracture.¹ Thus, it is recommended that pharmacological treatment be started in patients >50 years with fragility fracture if they present: 1) Fractures of the hip or vertebra; 2) Other fragility fractures and low bone mineral density (BMD) defined by a T-score < -1 SD; 3) Patients with a high risk for hip fracture according to FRAX[®] with BMD ≥ 3%, and 4) Patients being treated with prednisone at a dose ≥ 5 mg/d. The SER recommendations were applied to a series of patients treated

in a Fracture Liaison Service (FLS) unit, comparing criteria according to age, sex, and type of fracture. In cases where bone densitometry (DXA) was not available, the fracture type and FRAX[®] for hip fracture without DXA were considered.

A total of 2162 patients with an average age of 73 years (SD: 10 years), 1778 women (82%), were analysed. DXA results are available for 1668 patients (77%). Applying the SER recommendations, 1920 patients of the total sample (89%) met the treatment criteria; 90% of the women and 83% of the men (Table 1). Of the hip and vertebrae fractures, 100% met criteria, and 83% of forearm fractures, 85% of humerus fractures and 73% of the group of other fractures. Of the 161 patients with peripheral fractures other than hip fractures where DXA is not available, 77 (48%) had FRAX[®] treatment criteria.

In the analysis of criteria application by decades of age, in the decade from 50 to 60, 67% of patients with forearm fractures, 79% with humerus fractures and 60% of other fractures met treatment criteria. On the other hand, in the decade from 60 to 70, 81% of patients with forearm fractures, 78% with humerus fractures and 73% with other fractures met treatment criteria.

Table 1

Total percentage of patients according to fracture type and treatment indication applying SER 2018 recommendations.

	Total number	DXA T-score < -1	Normal DXA, hip FRAX [®] ≥ 3%	Hip FRAX [®] ≥ 3% without DXA	Treatment indication SER 2018 recommendations
Hip	580 (26.8)	280/301 (93.0)	10/21 (47.6)	253/275 (92.0)	580 (100)
Vertebra	221 (10.2)	144/159 (90.5)	1/14 (7.1)	50/62 (80.6)	221 (100)
Forearm	662 (30.6)	505/585 (86.4)	6/80 (7.5)	43/85 (50.5)	554 (83.6)
Humerus	439 (20.3)	343/388 (88.4)	4/45 (8.8)	27/50 (54.0)	374 (85.1)
Other	260 (12.0)	182/235 (77.4)	2/52 (3.8)	7/26 (26.9)	191 (73.4)

BMD: Bone Mineral Density; FRAX[®]: Fracture Risk Assessment Tool; SER: Spanish Society of Rheumatology. The values represent No. (%).

[☆] Please cite this article as: Rubiño F, Ojeda S, Molina A, Naranjo A. Aplicación de las recomendaciones de la Sociedad Española de Reumatología sobre osteoporosis en una unidad Fracture Liaison Service. *Reumatol Clin*. 2021;17:122–123.

In relation to sex, treatment for forearm fractures was indicated in 67% of the men and 85% of the women, for humerus fractures in 82% of the men and 86% of the women, and for other fractures in 62% of the men and 75% of the women.

Previous SER recommendations on OP indicated that all low-intensity trauma fractures should be treated, regardless of BMD value.² A study comparing different international guidelines concluded that in secondary prevention the percentage of candidates for treatment was 54%–100% in females and 26%–81% in males.³ In hip fractures, the figure was 81%–100% and in forearm fractures 36%–93%.

In conclusion, the new criteria for treatment of fragility fracture according to SER recommendations involve treating 89% of patients over 50 years of age, 100% of hip and vertebrae fractures, and 84% of other types of fracture. In patients in whom DXA is not available, the percentage with FRAX[®] treatment criteria is around 69% (100% of hip and vertebra, and 48% with other fractures).

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Francisco Rubiño,* Soledad Ojeda, Amparo Molina,
Antonio Naranjo

*Servicio de Reumatología, Hospital Universitario de Gran Canaria
Doctor Negrín, Las Palmas de Gran Canaria, Las Palmas, Spain*

* Corresponding author.

E-mail address: frubijuarez@gmail.com (F. Rubiño).

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