

2<sup>nd</sup> International Conference on

## Internal Medicine &amp; Hospital Medicine

September 13-14, 2017 Dallas, USA

## Fracture risk assessment in the movement disorder clinic

**Amy Wass, Mc Carthy C and Burns J**  
Glasgow Royal Infirmary, Scotland

Parkinson's disease (PD) affects approximately 127 000 UK adults<sup>1</sup>, conferring risk factors for falls and independent risk factors for osteoporosis<sup>2</sup>. With a mean time from PD diagnosis to hip fracture of four years and well documented implications of hip fracture on a patient and economic level, it is important to address bone health early. The current UK PD guidelines do not address fracture risk assessment. Our completed audit cycle retrospectively reviewed clinic letters for 119 patients with a known PD diagnosis, evaluating for falls history documentation and fracture risk assessment using Qfracture. Qfracture was chosen over FRAX, due to the inclusion of falls and PD as independent hip fracture risk factors<sup>4</sup>. A DEXA scan was requested where there was either a 10 year major osteoporotic fracture risk over 20% or hip fracture risk over 5%. Falls history documentation improved from 36% to 73% through local education, with a 30% prevalence of falls recorded in our patient group. Qfracture was calculated in 63% of patients, of which 57% had a DEXA scan requested. A further 16% had had a DEXA in the last five years. The mean 10 year hip fracture risk was 23.2%. This audit demonstrates that a significant proportion of PD patients are at risk of hip fracture. Qfracture is best used in conjunction with a multidisciplinary team approach to falls management. We are currently collating DEXA outcomes and consideration will need to be given to the choice of bone protection, due to the heterogeneity of this patient population.

amy.wass@nhs.net