



Evaluation Of GP referral letters for DEXA Scan for the information required for risk assessment of fragility fracture using FRAX tool

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BACKGROUND

DEXA scanning involves ionizing radiation. NICE guidelines for assessing the risk of fragility fracture updated in 2017 recommends estimation of risk of fragility fracture in a target population. It recommends using FRAX value without bone mineral density(BMD) or Q Fracture tool within their allowed age ranges to estimate 10-year predicted absolute fracture risk when assessing risk of fracture. NICE recommends that patients should be risk assessed for risk factors and only those who fall within an indeterminate range should have BMD performed. It recommends against routine measurement of BMD without prior risk.

OBJECTIVES

To evaluate GP referral letters for DEXA Scans for the information required for calculation of FRAX Score without Bone Mineral Density (BMD) for the risk assessment of osteoporotic fracture in target population.

STANDARDS

- NICE Guidelines for Osteoporosis: Assessing the risk of fragility fracture (CG146)

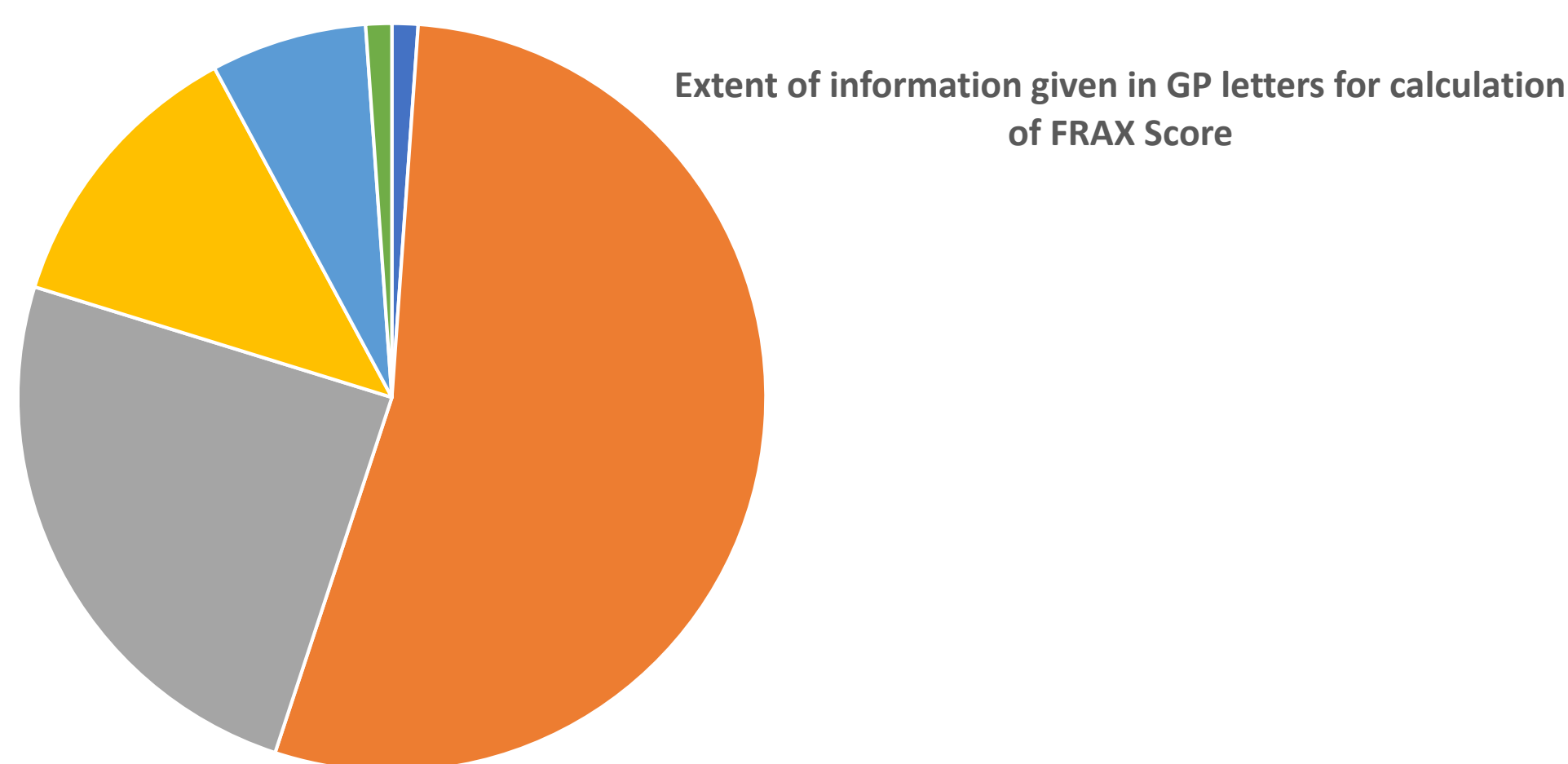
METHODS

GP referral letters for DEXA Scan sent to the radiology department of South Infirmiry Victoria University Hospital during the months of February, March and April 2019 were evaluated for the information required for the risk assessment of fragility fracture using the FRAX tool. 89 GP letters were evaluated. A questionnaire containing all the variables required to calculate the FRAX score was filled for data collection.

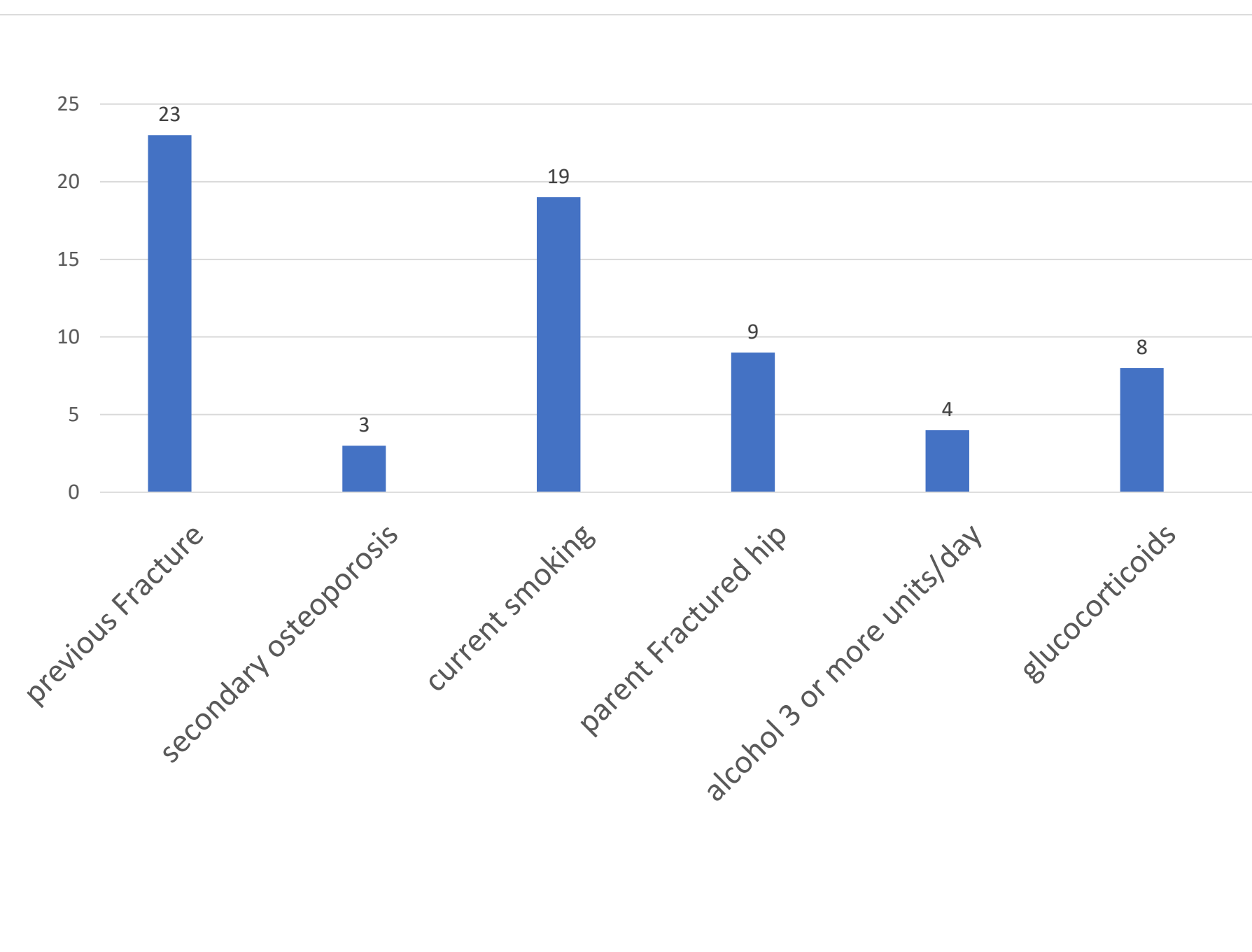
RESULTS

89 GP referral letters were evaluated. Age and gender (non-modifiable risk factors) were available in all. Calculated FRAX Score was mentioned in 1/89 (1.12%) letter. 88/89 (98.8%) letters were not found to have all the information required for calculation of FRAX score without BMD. 48/89 (54%) letters were without mention of any single modifiable risk factor or variable required for calculation of FRAX score. In 22/89 (24.1%) letters only one of the modifiable risk factors was mentioned.

CONCLUSION: The audit shows that vast majority of referrals for DEXA Scan are being done without adequate risk assessment of osteoporotic fracture required prior to BMD assessment and GP letters are lacking information required for the same



- letters with all modifiable risk factors mentioned
- letters with no modifiable risk factor mentioned
- letters with 1 modifiable risk factor mentioned
- letters with 2 modifiable risk factors mentioned
- letters with 3 modifiable risk factors mentioned
- letters with 5 modifiable risk factors mentioned



ACTION PLAN

RECOMMENDATIONS

Adequate risk assessment of osteoporotic fracture is recommended in the target population prior to referral for DEXA Scan to estimate 10-year predicted absolute fracture risk. It is anticipated that referral letters will be screened in future to assess whether BMD is indicated.

FOLLOW UP

Plan to re-audit activity after six months where returning DEXA scan requests to GPs which lack sufficient information on risk assessment for osteoporosis.