

G2C Case Studies - Primary Care

Regional Geriatric Programs of Ontario
GiiC Initiative for FHTs and CHCs

think

Geriatrics
Interprofessional
Interorganizational
Collaborative Care

Osteoporosis

Mr. Shultz is a 75 year old retired electrician. His wife died 8 months ago and he continues to live in their 2-storey 1940's home. The only bathroom is located on the second floor. His daughter lives out of town but is very supportive. She's noticed that he hasn't been the same since his wife's death. He's lost weight and is more agitated, complains of recurrent back pain, unsteadiness and sleep difficulties and is more withdrawn. He was started on antipsychotic and antidepressant medications about 6 months ago. He has refused any home support services other than help from his daughter.

He is scheduled for medical follow-up today. He was discharged from hospital 3 days ago. He had sustained a hip fracture after having had 3 major falls. His health record indicates a 2 year history of cognitive changes previously identified by his wife, kyphosis and mild COPD. His hospital discharge summary includes the following information:

- | | | |
|----------------------------|--|---------------------------|
| ◆ Medications | Effexor XR 150mg OD | Zyprexa 2.5mg OD |
| | Tylenol #3 ii QID PRN | Ventolin ii puffs BID prn |
| ◆ Bone Mineral Density | -2.4 at Femoral Neck, -2.0 at Lumbar Spine | |
| ◆ X-Ray Lumbar Spine | T9, T0, T11 Compression Fractures | |
| ◆ Folstein MMSE | Score = 26 | |
| ◆ Rehabilitation therapies | Refused all interventions | |

Collaborating for better patient outcomes . . .

- ◆ Is ideal osteoporosis and fracture prevention care achievable?
- ◆ What are the challenges?



Mr. Shultz demonstrates the complex health and personal needs of frail older people living alone who are returning home after having sustained a hip fracture. Unfortunately, many osteoporosis and fracture risk factors were present but had not been identified. Surprisingly, 1 in 5 men over 50 have OP, with more severe spinal deformity. Furthermore, 33% of older adults fall, 70% of fractures occur with falls and men sustain 1/3 of all hip fractures. Hip fractures are devastating and more debilitating for men with a 34% death rate in the 1st year post fracture. 40% of hip fracture survivors never return to their previous health and 24% are institutionalized.

How and why?

How are osteoporosis, fracture prevention and falls related?
What about discrimination of older male adults re osteoporosis?
What are the major and minor risk factors for osteoporosis?
What is the goal of care? Bone health?
What are key bone health protection strategies that should be implemented?
How will they be maximized?
What about his medical conditions, medications, functional and cognitive decline, family, community supports, safety, nutrition, social isolation, and other issues?
How will his choices and values be respected?

Who and Where?

Who will be assessing, treating and monitoring?
Who will provide the various bone health strategies?
Who are the key health professionals/care providers?
What are the osteoporosis-related resources in the community?
Associations, newsletters, family supports, fall prevention and fracture programs, experts, other programs?
Are there financial and physical barriers to receiving care?
Is osteoporosis/fracture risk part of primary care health assessments? Do falls assessment include OP and fracture risk?