Stepped screening of fracture risk. A case finding and treatment program for women of 65 years of age and older in primary care.

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Stepped cased finding of women with increased fracture risk using questionnaires, bone densitometry and vertebral morfometry and treatment with bone sparing drugs of those with indcreased fracture risk in primary care reduces fractures.

Ethische beoordeling Positief advies **Status** Werving gestart

Type aandoening -

Onderzoekstype Interventie onderzoek

Samenvatting

ID

NL-OMON23553

Bron

Nationaal Trial Register

Verkorte titel

SOS = Salt Osteoporosis Study

Aandoening

Osteoporosis; Fracture Risk; Bone Sparing Drugs; Bisfosfonates; Postmenopausal Osteoporosis; Osteoporose Fractuurpreventie; Fracturen; Botsparende medicatie;

Bisfosfonaten

Ondersteuning

Primaire sponsor: VUmc Amsterdam

SALT Koog aan de Zaan Stichting ArtsenLaboratorium en Trombosedienst Molenwerf 11 1541 WR Koog aan de Zaan 075 6156251 www.salt.nl info@salt.nl

Overige ondersteuning: Stichting Achmea Gezondheidszorg

VUmc Amsterdam SALT Koog aan de Zaan

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Time to new fracture and number of fractures after 36 months in patients with high fracture risk according to FRAX assessment.

Toelichting onderzoek

Achtergrond van het onderzoek

In recent years, several medications have become available for the treatment of osteoporosis. These medications have been shown to be effective in reducing fractures with 20-50% in selected populations. However the effectiveness of these treatment regimes has not yet been examined in a general primary care population.

The objective of the study is to examine whether the structured identification and subsequent treatment of patients with a high fracture risk in primary care reduces fractures in comparison to usual care. We hypothesize that this primary care case finding and treatment program reduces the incidence of fractures in primary care patients having a high risk of fractures.

We will invite women of 65 years of age or older to participate in the study. Patients with risk factors for osteoporosis who are randomised in the treatment group will undergo a case finding and treatment program at the start of the trial whereas the treatment program in the control group will be delayed for 3 years.

All women aged 65 years or over receive an invitation to participate via their GP and are sent a questionnaire regarding risk factors for osteoporose. Main exclusion criteria are: Actual use of bisphosphonates, unable to participate in the trial according to the GP, previous bisphosphonates use for two years or more in the last 5 years, use of high dosage of

corticosteroids, weight 135 kg or more. Women with at least one serious risk factor for osteoporosis (previous fracture after 50 years of age, parents or siblings with hip fracture, low body weight, reduced mobility will be included in the trial and randomised individually on a 1:1 basis to the control group and the intervention group.

The women with clinical risk factors for osteoporosis who are randomised in the intervention group will receive bone densitometry and instant vertebral assessment using DXA and blood tests to exclude secondary osteoporosis. Subjects with an increased fracture risk according to the FRAX tool using cut off points that have been assessed based on the bone densitometry results in the Longitudinal Aging Study of Amsterdam will be offered a treatment program.

The women in the control group will be offered the treatment program only after 3 years. Those with an indication for bone densitometry according to the current Dutch guideline will be notified and are free to consult their GP for additional examinations and treatment. All subjects with risk factors for osteoporosis in the control group will undergo the same examinations as the intervention group at the end of the trial and will be classified in low and high fracture risk according to these measurements.

All subjects with a least one risk factor for osteoporosis and 10% of the subjects without risk factors will receive questionnaires after 1,5; 3 and 4,5 years. Notified fractures will be verified with the GP or the hospital. Primary outcome is time to first new fracture during the first 3 years of the trial.

Inclusion will continue until n=12500 women have been enrolled into the program or 1700 women in the intervention group have been identified with high fracture risk.

Doel van het onderzoek

Stepped cased finding of women with increased fracture risk using questionnaires , bone densitometry and vertebral morfometry and treatment with bone sparing drugs of those with indcreased fracture risk in primary care reduces fractures.

Onderzoeksopzet

0,18, 36 and 54 months.

Onderzoeksproduct en/of interventie

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Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Female sex:

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- 2. Age 65 years or older;
- 3. Willing to participate in the study.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- 1. Actual use of bisfosfonates, strontium ranelate, raloxifene or teriparatide or use during the previous two years;
- 2. Actual daily use of corticosteroids of 7.5 mg prednisolonequivalent or more;
- 3. Terminal illness:
- 4. Unable to participate according to general practitioner;
- 5. Body weight is 135 kg or more.

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel: Parallel

Toewijzing: Gerandomiseerd

Blindering: Open / niet geblindeerd

Controle: Geneesmiddel

Deelname

Nederland

Status: Werving gestart

(Verwachte) startdatum: 01-01-2010

Aantal proefpersonen: 12500

Type: Verwachte startdatum

Ethische beoordeling

Positief advies

Datum: 26-07-2010

Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register ID

NTR-new NL2324 NTR-old NTR2430

Ander register METc VUmc: WC2006-98 / WC2008-029 ISRCTN ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

Gezondheidsraad. Wet bevolkingsonderzoek: getrapte screening op fractuurrisico.
br> Den Haag: Gezondheidsraad, 2009; publicatienr. 2009/05WBO.