

# INCIDENCIA Y PREVALENCIA DE LA FRACTURA DE CADERA. ESTUDIOS POBLACIONALES ESPAÑOLES, DANESES E INGLESES.

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Grupo investigación GREMPAL IDIAP Jordi Gol. CIBER Fragilidad y Envejecimiento Saludable. CAP Sant Martí de Provençals (Barcelona) – Institut Català Salut



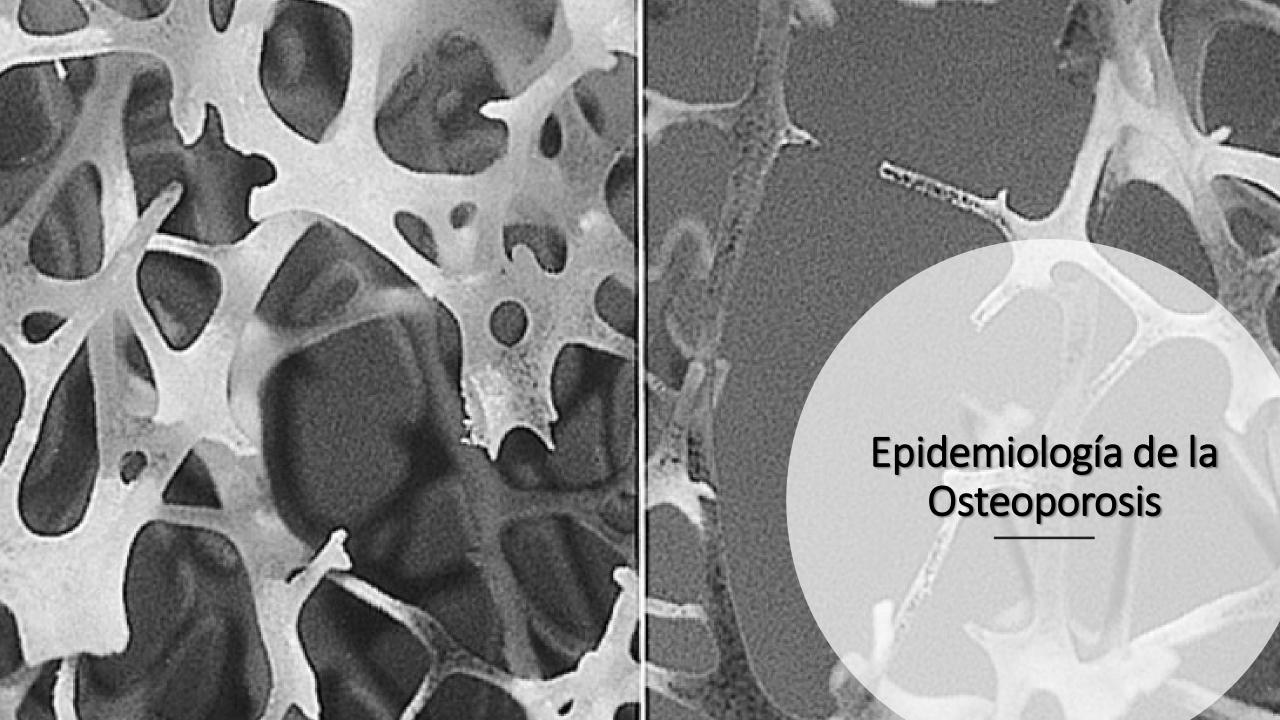




### Conflictos de interés:

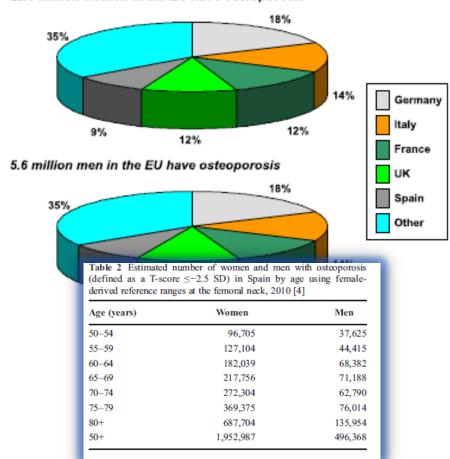
 Becas de investigación IDIAP Jordi Gol, FEIOMM y del Instituto de Salud Carlos III.

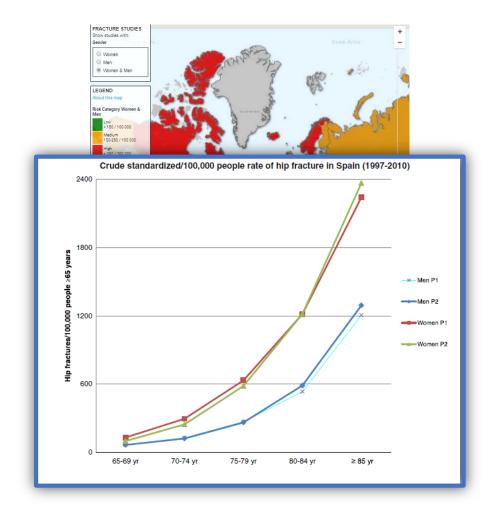
 Advisory board y/o participación como ponente para AMGEN, Eli Lilly, Ferrer, Rubió y Novartis.



## Epidemiología Osteoporosis

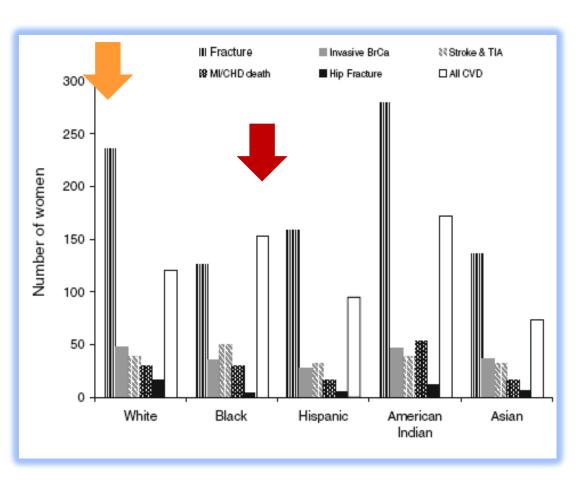
#### 22.0 million women in the EU have osteoporosis



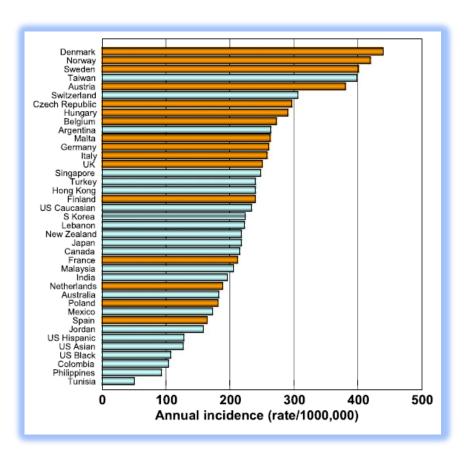


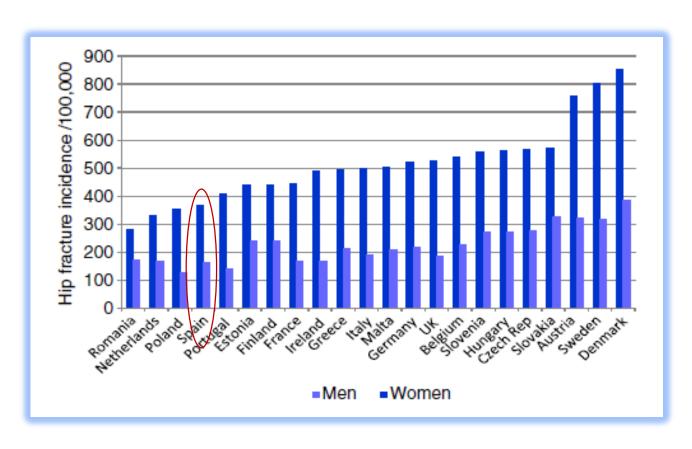


### Relevancia de las fracturas



### Incidencia EU









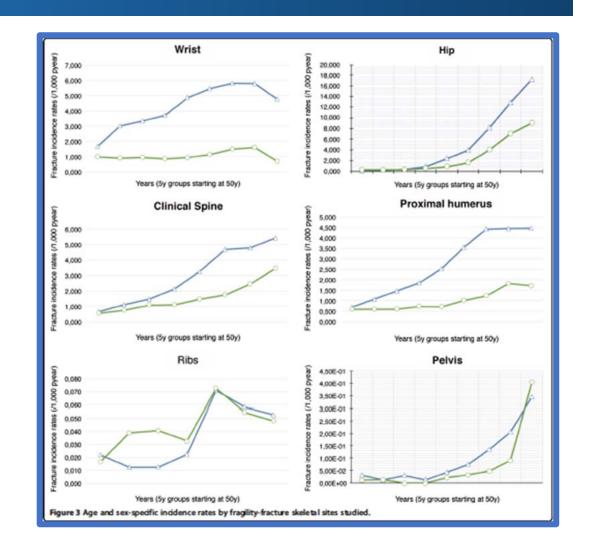
- Estudio poblacional
- Pacientes ≥ 50 años 2009 (N > 2M)
- Incidencia de fracturas
- Comparación CMBD y cohorte ARTPER (28 centros AP)

Table 1 Sex- and site-specific fracture incidence rates
[and 95% Confidence Intervals] per 1,000 person-years at
risk in the SIDIAP population ≥50 years old

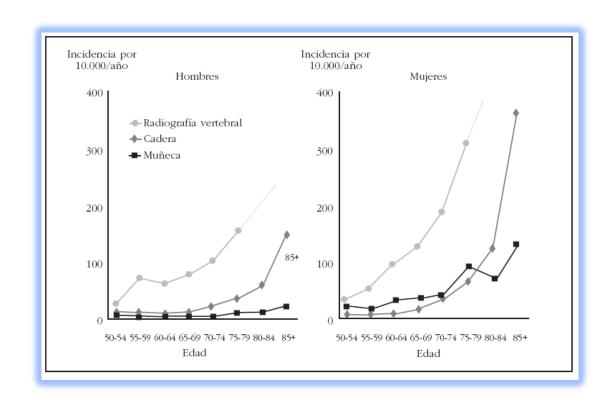
Skeletal site	Women	Men	Total
Overall	15.18 [15.15–15.21]	5.78 [5.76–5.79]	10.91 [10] 9–10.92
Hip	3.08 [2.97-3.18]	1.23 [1.16–1.30]	2.23 [2.16–2.30]
Wrist/Forearm	3.86 [3.74-3.98]	1.03 [0.97–1.10]	2.56 [2.49–2.63]
Clinical spine	2.59 [2.49-2.69]	1.25 [1.18–1.33]	1.98 [1.91–2.04]
Proximal humerus	2.19 [2.11–2.29]	0.78 [0.73–0.84]	1.55 [1.50–1.61]
Multiple rib	0.03 [0.02-0.05]	0.04 [0.03-0.05]	0.04 [0.03-0.05]
Pelvis	0.06 [0.05-0.08]	0.02 [0.01-0.03]	0.04 [0.03-0.05]
	·		

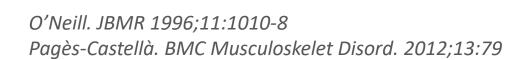


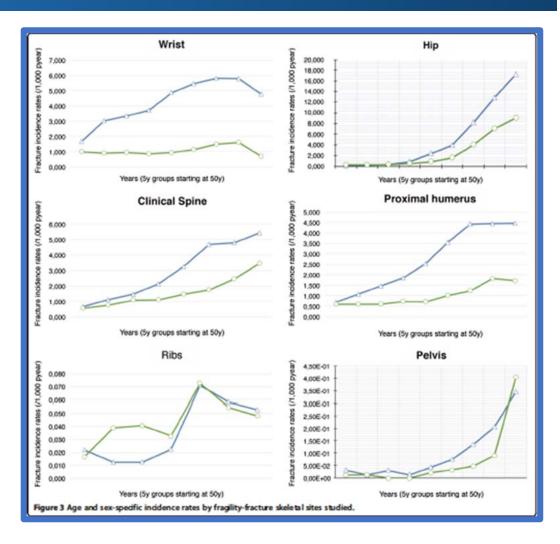
- Estudio poblacional
- Pacientes ≥ 50 años 2009 (N > 2M)
- Incidencia de fracturas
- Comparación CMBD y cohorte ARTPER (28 centros AP)











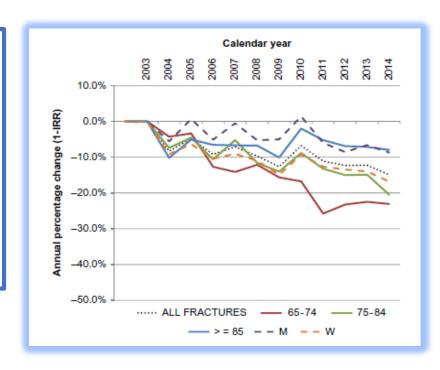


- Estudio poblacional
- Pacientes ≥ 50 años 2009 (N > 2M)
- Incidencia de fracturas
- Comparación CMBD y cohorte ARTPER (28 centros AP)

SKELETAL SITE	Reported in ARTPER	Unreported in ARTPER
WRIST/FOREARM		
Recorded in SIDIAP	32 (82.1%)	7.0-
Not recorded in SIDIAP	25 (0.7%)	
CLINICAL SPINE		0%
Recorded in SIDIAP	ilidad: 50-7 ilidad: 90- ificidad: 90- 6 (0.2%)	00/0
Not recorded in SIDIAD	ilidaa. on	9970
HP Censil	:'dad:	
50.	(#2.3%)	1 (7.7%)
Espe	6 (0.2%)	3,383 (99.8%)
_ OATA	Recorded in CMBD	Not recorded in CMBD
	1,194 (70.8%)	492 (29.2%)
recorded in SIDIAP		

### Cambios en la incidencia

- 2003-2014
- Datos CMBD
- Incidencia FF



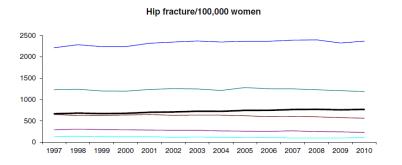
Year	rate (×100,000)	
	Women	Men
2003	907.2	366.0
95% CI	884.0-930.9	349.0-383.7
2004	850.5	357.3
95% CI	829.1-872.4	340.9-374.4
2005	885.2	385.8
95% CI	863.3-907.6	368.7-403.5
2006	854.8	366.2
95% CI	833.5-876.6	349.8-383.3
2007	880.9	392,3
95% CI	859.3-903.0	375,2-409.9
2008	877.5	381.8
95% CI	856.0-899.5	365.1-399.1
2009	849.8	389.7
95% CI	828.7-871.3	373.0-407.0
2010	911.9	419.8
95% CI	890.2-934.1	402.5-437.6
2011	889.3	395.8
95% CI	867.9-911.1	379.1-412.9
2012	889.7	391.8
95% CI	868.4-911.3	375.4-408.8
2013	888.9	401.3
95% CI	867.7-910.4	384.8-418.3
2014	854.9	390.8
95% CI	834.4-875.9	374.7-407.4
Change (%) between 2003 and 2014	-5.8	6.8

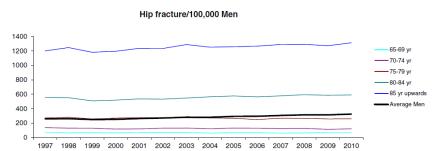


Datos en España

## Cambios incidencia FF en España

#### Tasa bruta FF:



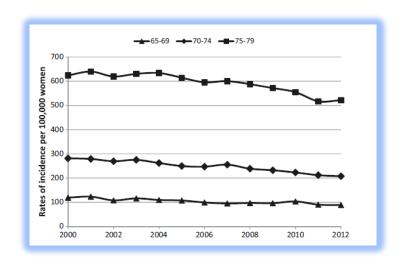


#### Comparación tasas entre P1 y P2:

p value <0.0001	CI 95 %
< 0.0001	
	[21.5–25.2]
< 0.0001	[2.2-5.3]
< 0.0001	[30.4-30.7]
=0.7767	_
< 0.05	[1.0-9.3]
=0.127	_
< 0.0001	[6.7–13.5]
< 0.0001	[4.5–9.9]
	=0.7767 <0.05 =0.127

## Cambios incidencia FF en España

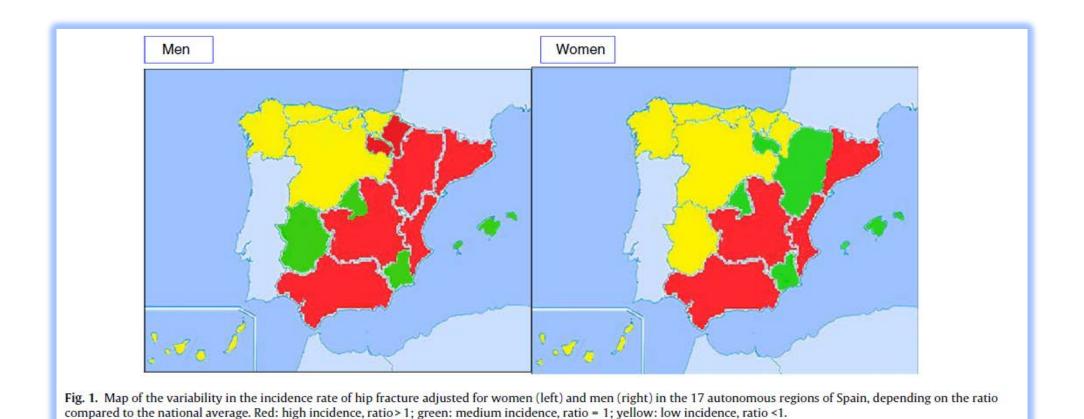
#### Incidencia FF por grupos de edad



### Incidencia estandarizada de FF por grupos de edad y comunidad:

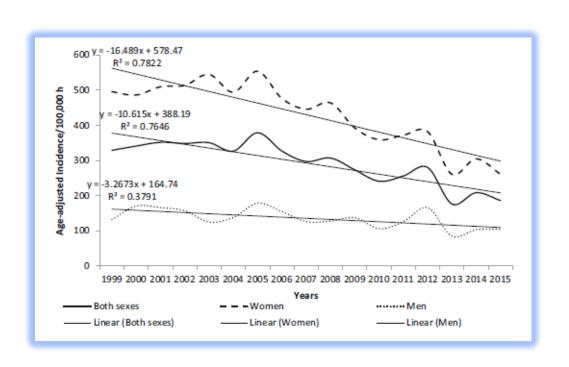
	65-69	70–74	75–79	80–84	>85
Andalucia	0.98	0.98	0.98	NS	NS
Aragon	NS	0.98	0.98	NS	NS
Asturias	NS	NS	NS	1.02	1.03
Balearic Islands	NS	1.03	1.04	1.04	1.04
Canary Islands	NS	NS	NS	NS	NS
Cantabria	NS	0.96	0.97	NS	NS
Castille & León	0.97	0.99	0.99	NS	1.02
Castille & Mancha	NS	0.98	0.99	NS	1.01
Cataluña	0.96	0.97	0.97	0.98	0.99
Valencia	0.97	0.97	0.98	NS	NS
Extremadura	NS	NS	NS	NS	1.02
Galicia	NS	NS	NS	1.02	1.02
Madrid	0.96	0.96	0.97	0.98	0.99
Murcia	0.95	0.97	0.98	0.99	0.98
Navarra	0.96	0.95	0.97	0.99	NS
Basque Country	NS	0.96	NS	0.99	NS
La Rioja	NS	0.96	NS	NS	NS
Ceuta	NS	NS	NS	NS	NS
Melilla	NS	NS	1.19	1.09	1.17
España	0.976	0.975	0.983	0.995	1.004

## Diferencias regionales

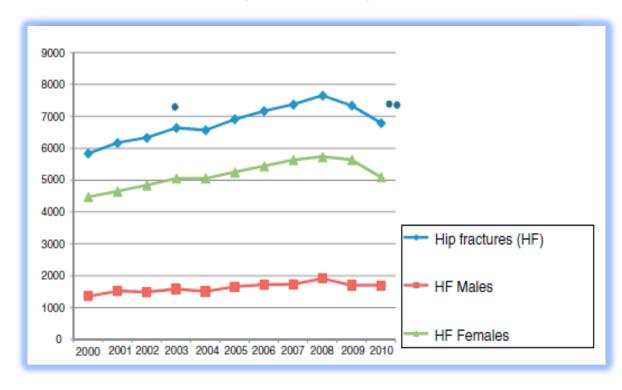


## Otros estudios cambios incidencia España

## Tendencias seculares incidencia FF Alcorcón (1999-2015)



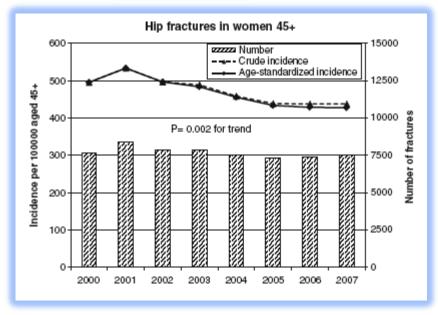
## Incidencia FF y FT Andalucía (2000-2010)



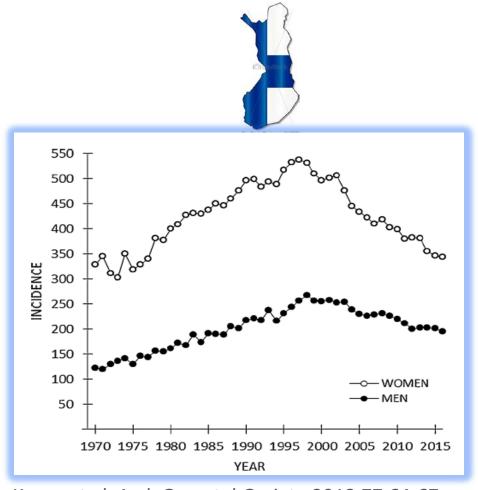


## Cambios incidencia FF Suiza y Finlandia





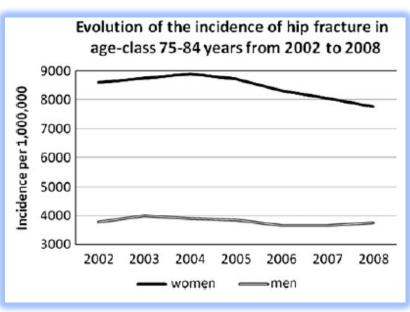
Lippuner et al. Osteoporos Int 2011;22:2487-97

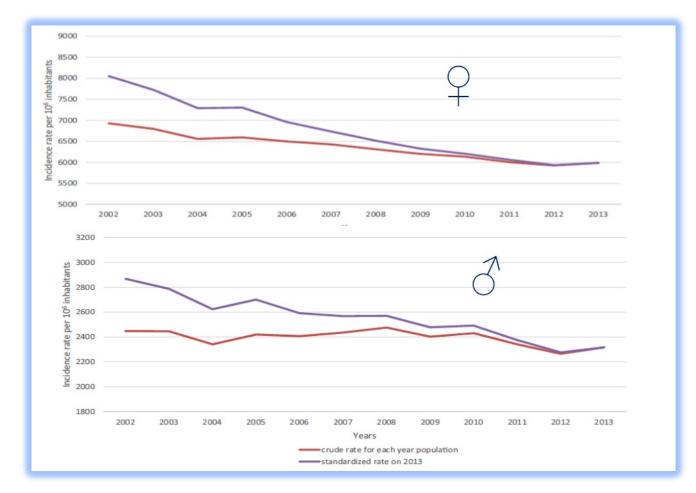


Kanus et al. Arch Gerontol Geriatr. 2018;77:64-67

### Cambios incidencia FF en Francia





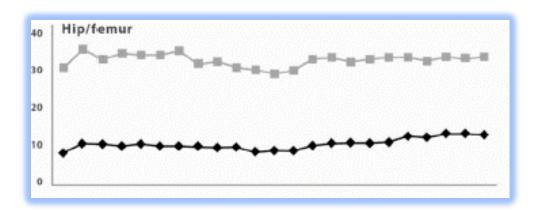


Garofoli et al. Osteoporos Int 2019;30:355-62

### Cambios incidencia FF en UK

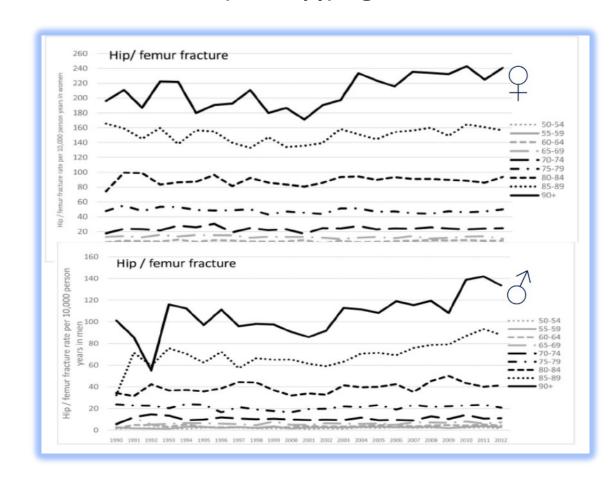


#### Incidencia FF (10.000 py) según sexo:



Van der Velde et al. Osteoporos Int 2016;27:3197-206

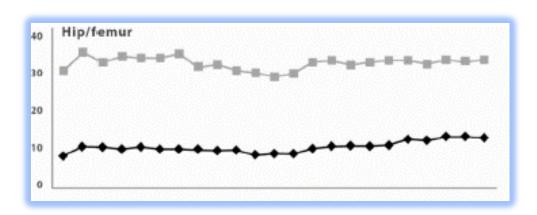
#### Incidencia FF (10.000 py) según edad:



### Cambios incidencia FF en UK

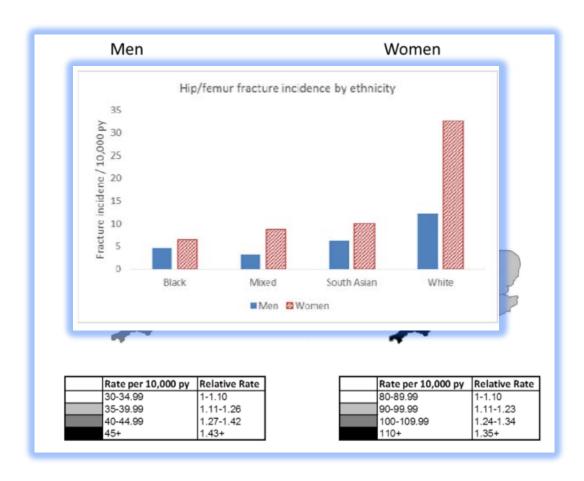


#### Incidencia FF (10.000 py) según sexo:



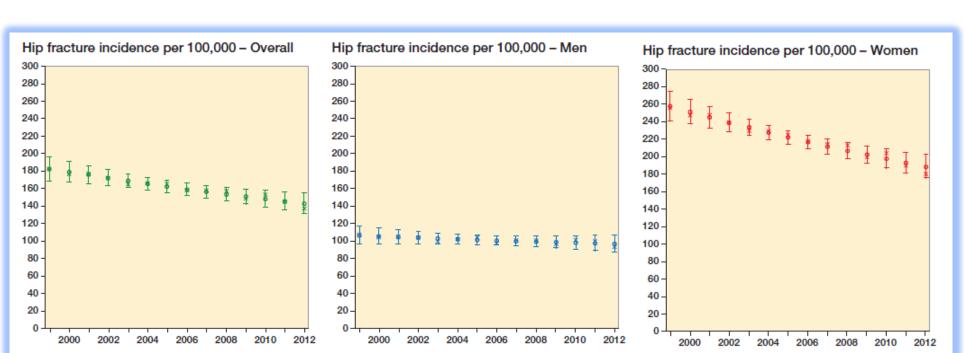
Van der Velde et al. Osteoporos Int 2016;27:3197-206 Curtis et al. Bone 2016;87:19-26 Curtis et al. Bone 2017;104:29-38

#### Diferencias regionales incidencia:



### Cambios incidencia fractura en Dinamarca

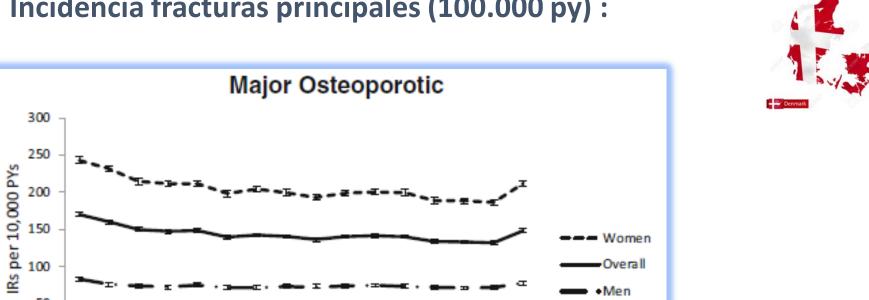
#### Incidencia FF (100.000 py) según sexo:





### Cambios incidencia fractura en Dinamarca

#### Incidencia fracturas principales (100.000 py):



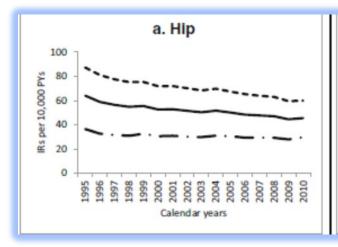


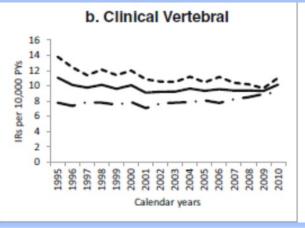
50

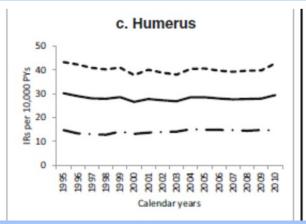
### Cambios incidencia fractura en Dinamarca

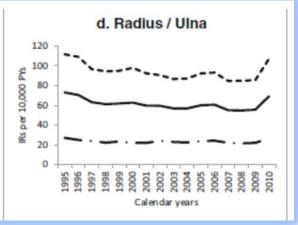
#### Incidencia fracturas principales (100.000 py):

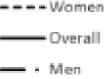




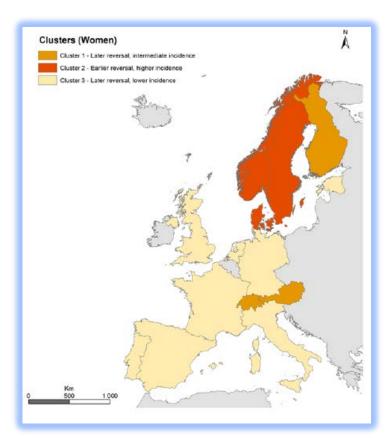


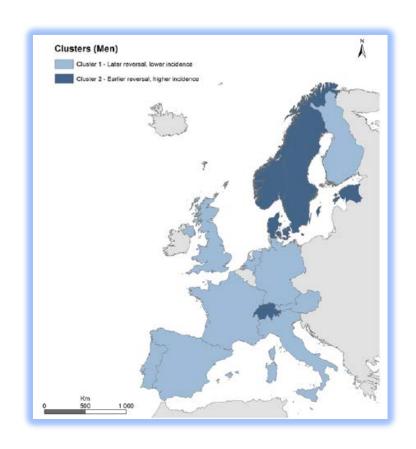






## Tipo de países EU





### Otros datos cambios seculares

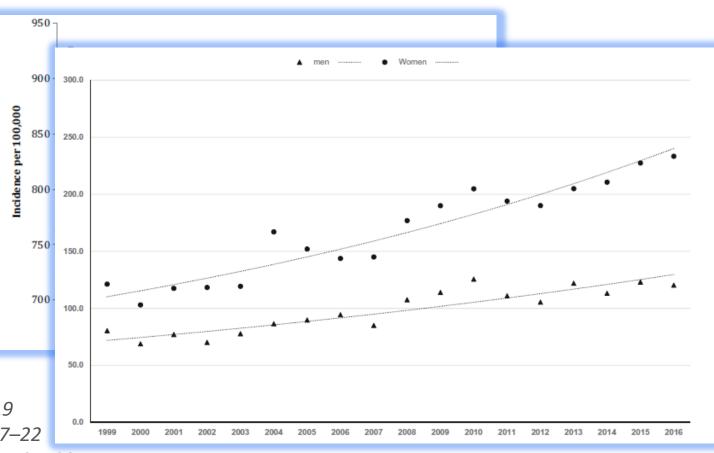


 Table 2 Standardized rate over 100 0

 2006
 2007

 Cases
 2336
 2146

 Overall rate
 175.9
 161.6



2015

2381

179.3

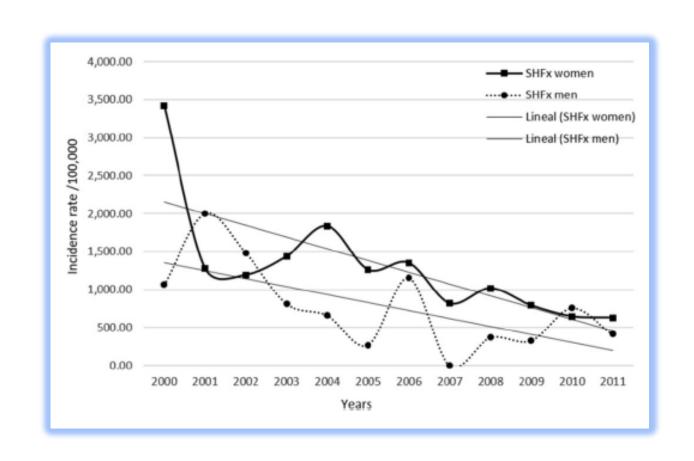
Di Giovanni et al. Geriatr Gerontol Int 2019 Lewiecki et al. Osteoporos Int 2018;29:717–22

Orces et al. Archives of Osteoporosis 2017;12: 109



## Cambios en la incidencia segunda FF

- 1999-2011
- Alcorcón
- Incidencia segunda FF



## Incidencia segunda fractura

- 1990-2012
- CPRD
- Incidencia segunda fractura, según previa



	Subsequent fracture						
Index fracture	Hip/femur	Vertebra	Humerus	Radius/ulna	Pelvis	Rib	
Hip/femur		41.7	59.5	37.8	33.5	24.4	
Vertebra	70.7		44.0	25.9	18.8	47.3	
Humerus	68.7	25.6		71.3	9.1	20.7	
Radius/ulna	38.5	3.5	59.3		7.2	17.9	
Pelvis	139.2	49.4	71.7	37.1		38.2	
Rib	32.7	30.3	24.4	27.7	7.0	a	

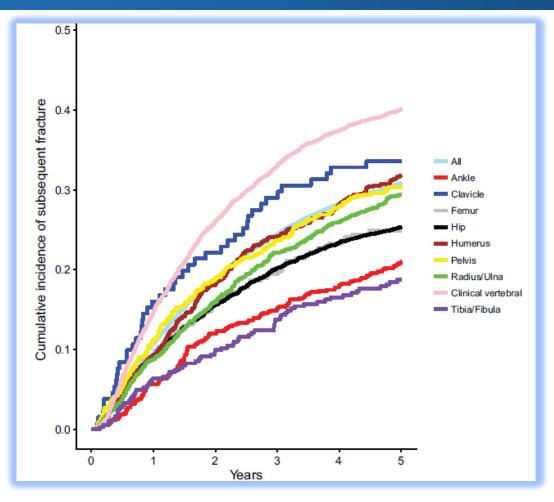
<sup>&</sup>lt;sup>a</sup> The number of fractures was too few to calculate meaningful incidence rates



	Subsequent fracture					
Index fracture	Hip/femur	Vertebra	Humerus	Radius/ulna	Pelvis	Rib
Hip/femur		44.5	88.2	117.2	62.2	19.1
Vertebra	154.8		71.8	93.4	58.6	37.9
Humerus	116.5	36.3		154.9	29.5	16.0
Radius/ulna	82.4	27.4	80.1		19.4	14.9
Pelvis	264.3	74.4	107.3	144.9		32.1
Rib	87.2	55.2	63.0	96.5	26.7	a

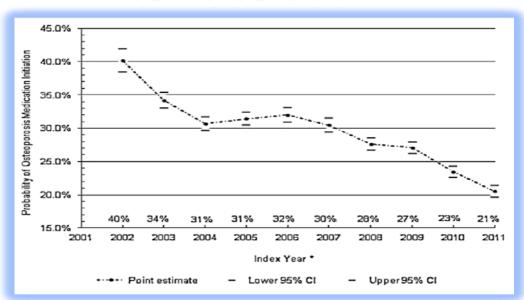
a The number of fractures was too few to calculate meaningful incidence rates

## Riesgo inminente

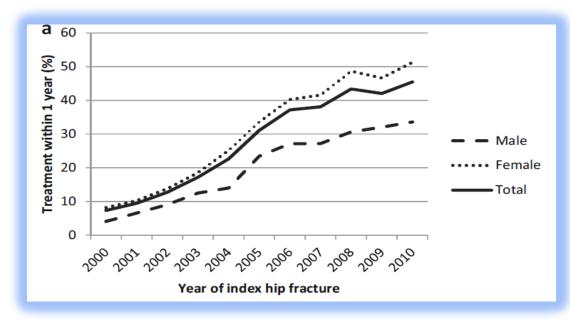


## Prevención segunda fractura









Solomon et al. J Bone Miner Res 2014;29:1929-37 Klop et al. Osteoporos Int 2015; 26:1919–28

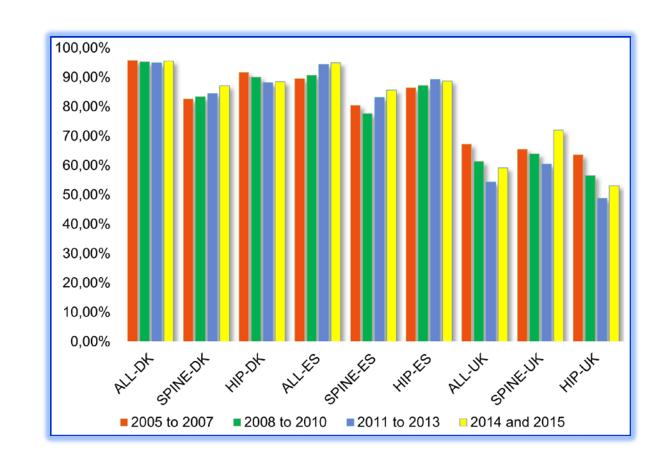
### Brecha tratamiento







- Estudio cohortes
- SIDIAP, CPRD y DHR
- ≥50 años con fractura incidente 2005-2015
- Exclusión cáncer de próstata, mama o hueso y usuarios FPO en el año previo a la fractura.





# Tasas de mortalidad (por 1000 personas/año):

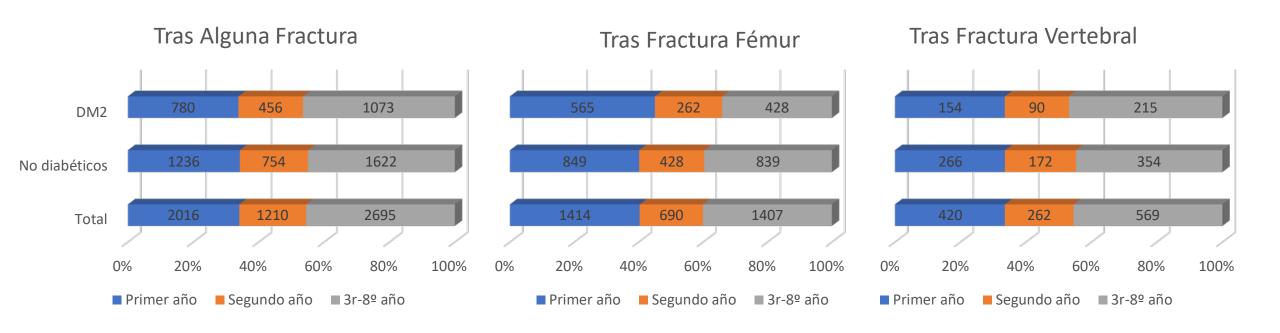


	Total
Alguna fractura (AF)	
Número casos	5.921
Tasa mortalidad (IC 95%)	53,93 (52,57 – 55,32)
No fractura	
Número casos	60.274
Tasas mortalidad (IC 95%)	8,86 (8,79 – 8,93)
Fractura fémur (FF)	
Número casos	3.511
Tasa mortalidad (IC 95%)	119,23 (115,36 -123,24)
No fractura fémur	
Número casos	62.685
Tasa mortalidad (IC 95%)	8,76 (8,69 – 8,83)

Martinez-Laguna et al. Osteoporos Int. 2017;28:2573-81

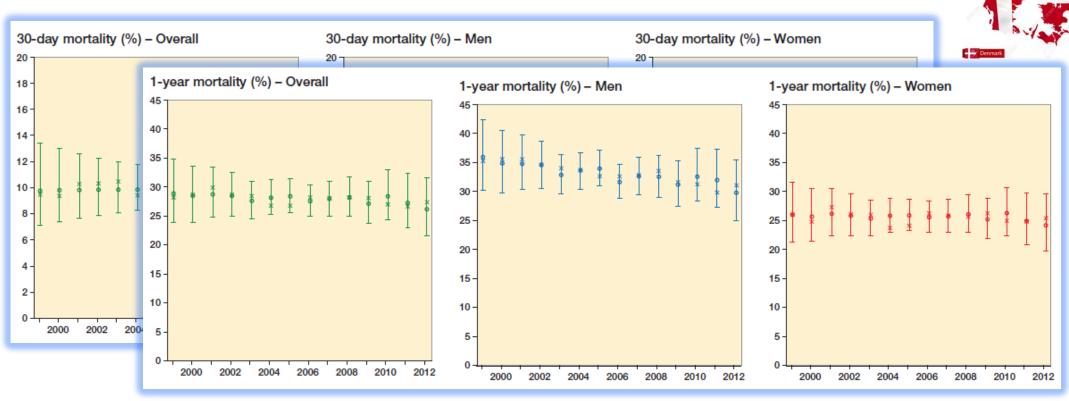
#### N muertes año tras fractura:



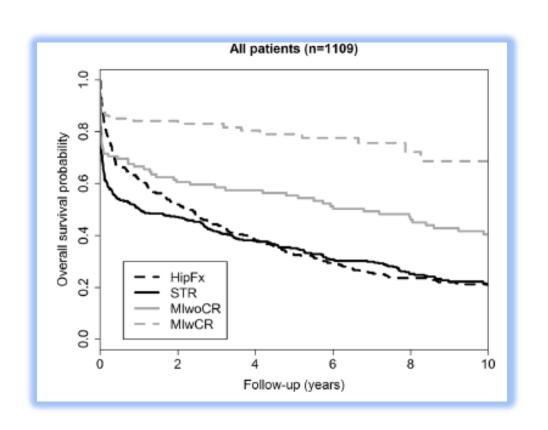


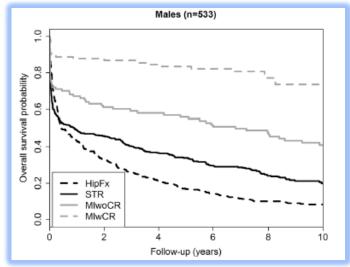
#### Cambios incidencia fractura en Dinamarca

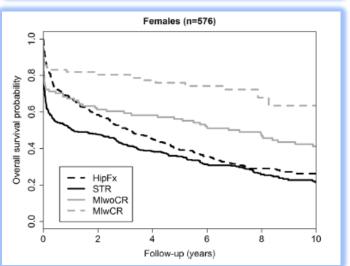




## Muerte post FF vs AVC - IAM



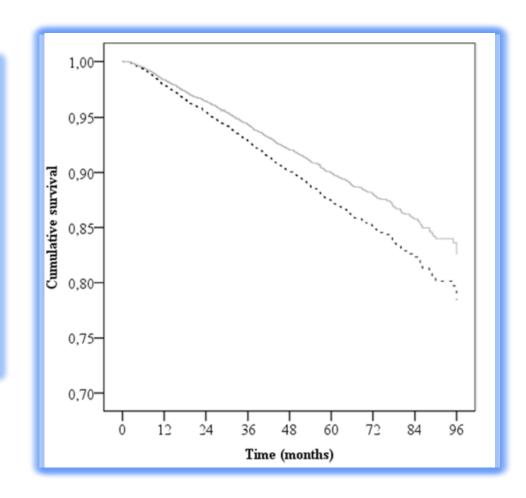




# Mejorando la mortalidad post FF

Table 3. Predictors of mortality. Multivariable Cox regression model; values are presented as hazard ratio's (HR) with 95% confidence intervals (95%CI).

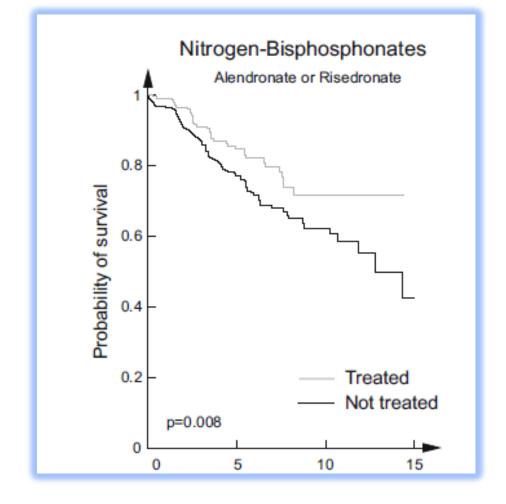
Mortality	HR (95%CI)	p-value	
Gender (women)	0.55 (0.46-0.67)	< 0.001	
Increasing age (per 5 years)	1.42 (1.35–1.49)	< 0.001	
Worse T-score (per 0.5 SD) <sup>a</sup>	1.10 (1.05–1.15)	< 0.001	
Initial fracture <sup>b</sup>			
Hip	1.46 (1.19–1.81)	< 0.001	
Major	1.30 (1.07-1.58)	0.008	
Minor	Reference		
Alcohol intake ≥ 5 units/day	1.70 (1.31-2.20)	< 0.001	
Smoking	1.82 (1.51-2.19)	< 0.001	
Past or current GC use c	1.87 (1.23–2.85)	0.003	
Bisphosphonates	0.79 (0.64-0.97) <sup>d</sup>	0.022	



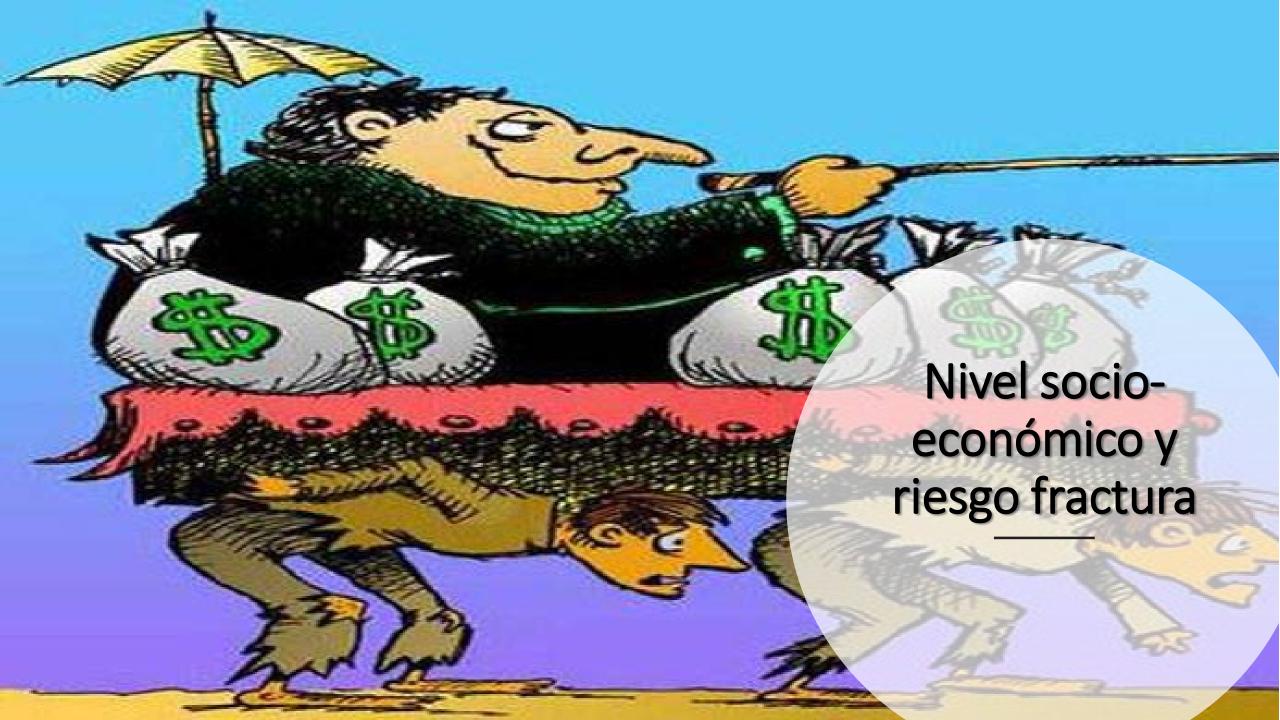
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Van Geel et al. PLoS One. 2018;13 Bliuc et al. Osteoporos Int 2019;30:817-28



### ESE y riesgo fractura



• Estado socio-económico (ESE) se relaciona con múltiples patologías.

- Datos controvertidos en relación con el riesgo de fracturas.
- Índice deprivación **MEDEA** (basado en censo): paro, trabajo manual, trabajo temporal, nivel educativo y fracaso escolar. A mayor puntuación mayor deprivación.

#### ESE y riesgo fractura



- Estudio ecológico retrospectivo.
- 2009-2012
- Exclusión áreas rurales
- Incidencia de fractura femoral

		Women (%)	Current smoker (%)	High-risk alcohol intake (%)	Obesity (%)	Hypertension (%)	Diabetes (%)
Total		51.1	17.3	1.3	11.9	16.8	6.2
MEDEA <sup>1</sup> quintile	1	53.3	13.8	1,0	7.9	15.4	4.8
	2	52.2	16.3	1.2	10.7	16.7	5.8
	3	51.3	17.9	1.3	12.3	17.3	6.3
	4	50.6	18.7	1.4	13.6	17.5	6.8
	5	48.3	19.3	1.6	14.5	16.9	7.1

		Hip fractures	Persons at risk	Crude incidence <sup>1</sup>	Sex-age-adjusted incidence <sup>1</sup>	
Total		13,227	3,688 675	35.85 (35.16-36.54)	-	
MEDEA <sup>2</sup>	1	2,761	630,365	43.8 (41.92-45.67)	38.57 (37.14-40.00)	
quintiles	2	2,691	739,589	36.38 (34.81-37.95)	34.52 (33.23-35.82)	
-	3	2,893	826,621	34.99 (33.55-36.44)	34.85 (33.60-36.11)	
	4	2,679	759,570	35.27 (33.76-36.77)	36.89 (35.51-38.27)	
	5	2,203	732,530	30.07 (28.70-31.44)	34.33 (32.90-35.76)	

#### ESE y riesgo fractura

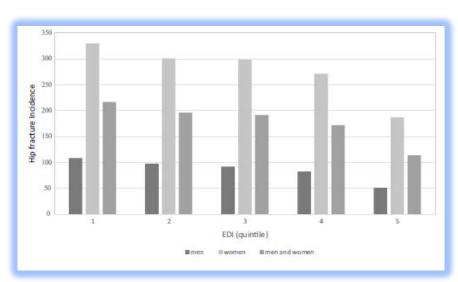


- Estudio ecológico retrospectivo.
- 2009-2012
- Exclusión áreas rurales
- Incidencia de fractura femoral

		Crude IRR	<i>p</i> -value	Sex-age-adjusted IRR	p-value	Age-sex-BMI-adjusted IRR	p-value
MEDEA <sup>2</sup>	1	1		1		1	
quintiles	2	0.84 (0.79-0.90)	< 0.0001	0.89 (0.85-0.95)	< 0.0001	0.91 (0.87-0.97)	0.003
	3	0.78 (0.73-0.84)	< 0.0001	0.90 (0.85-0.95)	< 0.0001	0.93 (0.88-0.98)	0.019
	4	0.79 (0.73-0.86)	< 0.0001	0.95 (0.90-1.00)	0.105	1.00 (0.94-1.06)	0.903
	5	0.71 (0.65-0.78)	< 0.0001	0.90 (0.85-0.95)	< 0.0001	0.96 (0.90-1.01)	0.189

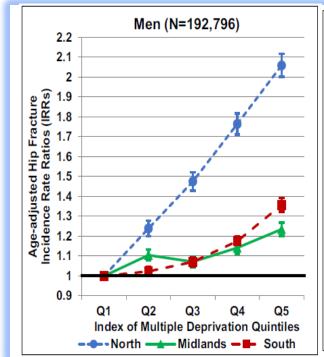
# ¿Igual comportamiento?

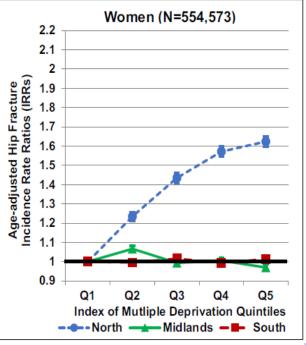




Petit et al. Osteoporos Int 2017;28:2045-51 Bhimjiyani et al. Osteoporos Int 2018;115-24 Bhimjiyani et al. Public Health 2018;162:25-31







#### Conclusiones

 La FF es un problema de salud prevalente asociado a un aumento de la mortalidad.

• Tendencias seculares apuntan a descenso incidencia FF, sobre todo en mujeres. Variación geográfica y según nivel deprivación.

• La brecha en el tratamiento continua siendo inaceptable (>85%)

• Los FPO se asocian a un descenso en la mortalidad.



# INCIDENCIA Y PREVALENCIA DE LA FRACTURA DE CADERA. ESTUDIOS POBLACIONALES ESPAÑOLES, DANESES E INGLESES.

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