

Wrist fracture significantly raises risk of hip fracture

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A new study presented today at the IOF Regionals 4th Asia-Pacific Osteoporosis Meeting in Hong Kong supports widespread evidence that individuals who have suffered a fracture are at significantly increased risk of subsequent hip fractures. In fact, previous studies have shown that half of patients presenting with hip fractures have suffered a prior fracture.

Researchers T.-L. Huang and C.-W. Chen from the China Medical University in Chinese Taipei, studied whether Colles' fracture (fracture of the distal radius in the forearm, i.e. <u>wrist fracture</u>) increased <u>hip fracture</u> risk within one year, in an Asian population.

The investigators extracted data for patients with newly diagnosed Colles' fracture from records of both ambulatory and in-patient care during the years 2000–2006 and compared fracture risk in this group to a cohort without Colles' fracture. Both study groups were followed up for one year to measure the incidence of hip fracture using three different calculation models.

The results showed that hip-fracture incidence in the Colles' fracture cohort, was six times higher than that of the comparison cohort (56.0 vs 9.3 per 10,000 person-years). Other findings showed that hip-fracture incidence among the fracture group was highest within one month after the Colles' fracture and that hip-fracture incidence increased with age. Both Colles' fracture and osteoporosis were significant independent factors that predicted hip fracture. However, one model showed that the



hazard of hip fracture was much greater for patients with Colles' fracture (HR, 6.59; 95% CI, 4.74–9.17) than for patients with osteoporosis (HR, 4.30; 95% CI, 2.95–6.26). The hazard of hip fracture increased further for <u>patients</u> with osteoporosis who had also experienced Colles' fracture (HR, 7.73; 95% CI, , 4.72–12.7).

More information: Abstract OC2: Colles' fracture as a risk factor for subsequent hip fractures: an Asian population based study (OC2). Osteoporos Int, Vol. 2, Suppl. 4, DOI: 10.1007/s00198-013-2536-x

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