Osteoporosis Diagnosis and Management in Long-Term Care Facility

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Abstract Reclaround Contemporary estimates of the presidence of diagnosed extergerous among long-term care facility residents are limited. Methods: This chart review collected data between April 1, 2012 and August 31, 2013 for adult (age at 30 years) residents of 11 long-term care facilities affiliated with the Louisiana State University. Health Sciences. Center in the New Otleans metropolitaniarea. Data (demographics, comorbiditios; ostroporosis diagnosis, risk factors, diagnostic assessments, treatments; fincture history; fall risk; activities of daily living) were summarized. Data for residents with and without diagnosed escooperais. mere compared using x2 tests and t tests. Resulter The study included 746zesidents (69% women, mean [SD] aup: 76.3 [13.9] years, median length of stay approximately 18.5 months). An osterporosis diagnosis was monthal for 1.12 residents (1876), 30% of whom received a pharmacologic osteoperosis thempy. Fewer than 2% of residents had bone mineral density assessments; 10% had pervious fineture. Calcium and vitamin D use was more prevalent in assidents with diagnosed exterporosis compared with other residents (calcium: 49% versus 12%, vitamin D: 52% versus 28%; both P < 0.000). Over half (0.04/540) of assessed residents had a high fall risk. Activities of daily living were similarly limited regardless of oncoposmis status. Conclusions: The prevalence of diagnosedostoopcomis was higher than per viously apported for long-term-care residents, but lower than epidemiologic estimates of osteoporosis pervalence for the noninstitutional U.S. population. In our sample, exteroperosis diagnostic testing was rare and treatment rates were low. Our results suggest that outcoparous's may be underflagnosed and undertraited in long-term care settings.

Key Indexing Terms: Long-term care; Osteoporosis; Parvalence. [Am J Med Sei 2015;350:50:357-363.]

n the United States, the number of individuals using residential or home-based long-term care is expected to increase from

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15 million in 2000 to 27 million by 2050.1 Although most individuals use home health services, approximately 1.4 million individuals were residing in long-term care facilities in the United States at some point in 2012.1 A combination of factors, including a decreasing number of traditional family caregiven as family sizes shrink and more women enter the workforce, is leading to greater use of paid long-term care services, and more than two-thirds of Americans who reach age 65 will need long-term care services during their remaining lifetimes.1

Residents of long-term care facilities are generally of older age, and age is an important osteoporosis risk factor. Previous reports suggest that the prevalence of diagnosod outcoporosis ranges from 6.2% to 12.5% among long-term care residents in the United States although the true prevalence may be higher because of underutilisation of esteoperosis screening and treatment in this setting.*** Even after osteoperes is has been diagnosed, relatively few (25%) of the affected residents receive asteoporosis treatment. ** Treatment includes segular weight-bearing. muscle-strengthening exercises and pharmacologic therapy." Undestrustment of osteoperosis, elevated risk of falls, previous fractures and advanced age all increase the risk that a long-term. care resident will experience an esteoporosis-related fracture. The literature suggests that 6% to 11% of long-term care residents will experience a fracture during a 1-year to 3-year interval. 12-15 Mortality risk may be impacted with up to 42% of affected long-term care residents dying within 2 years after a hip fincture. 512,73-20

Despite the significant risk of esteoperosis and associated consequences, the disease burden among long-term care facility residents is not well understood, in past because the literature largely seffects data that are no longer current. As such, this study seeks to narrow this knowledge gap by describing the prevalence of diagnosed esteoperosis among long-term care facility residents and characterizing how esteoperosis is diagnosed and treated in this setting. In addition, this study also quantified the fracture history and risk of falls in this vulnerable population and also the ability of residents to perform activities of daily living (ADL).

METHODS

Data for this study were collected in a reterspective seview of medical charts for adults residing in 11 long-term care facilities affiliated with the Louisiana State University Health Sciences Center in New Orleans (LSURSC-NO). The study was approved by the LSURSC-NO Institutional Review Board Expedite Status on April 22, 2012 under LSURSC-NO IRB No. 7651. This project met the criteria for a Waiver of Authorization under the Health Insurance Portability and Accountability Act Privacy Rule.

Data collection was conducted sequentially at each of the 11 study sites between April 1, 2012 and August 31, 2013. This sample represents 11% of the long-term care facilities in the New Orleans Metro area, covered by the 504 area code. ²³

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Contemporary Diagnosis and Management of Pituitary Adenomas ,1991 Contemporary Diagnosis And Management Of Osteoporosis Daniel T. Baran, 2000-06-01 Contemporary Diagnosis and Management of Pain Donlin M. Contemporary Diagnosis and Management of Male Erectile Dysfunction Tom F. Lue, 2005 Gazette of the United States Patent and Trademark Office ,2001 The Osteoporosis Manual Reiner Bartl, Christoph Bartl, 2019-02-06 This comprehensive manual covers all aspects of the prevention diagnosis and management of osteoporosis offering an upbeat and optimistic assessment of what can be achieved While scientifically based the book provides easy to follow guidelines for lifelong maintenance of skeletal structure and function It deals with everything from the basic physiology of bone and mineral metabolism to the diagnostic utility of radiologic imaging and specialized tests and current treatment recommendations including for fracture management. The relationship of osteoporosis to a variety of other disorders is also thoroughly explored and elucidated Osteoporosis represents a global threat because every human being is vulnerable to it as time passes The authors point out the enormous scale of the problem in terms of the human suffering morbidity and mortality on the one hand and the associated astronomical national and global costs on the other Osteoporosis is preventable and everydoctor in every medical discipline can contribute to this goal And though prevention is better than cure it is never too late for effective therapy as outlined in this book Bone is every doctor s and every body s business

Primary Care, Second Edition Joanne K. Singleton, Robert V. DiGregorio, PharmD, BCACP, Carol Green-Hernandez, Stephen Paul Holzemer, PhD, RN, Eve S. Faber, MD, Lucille R. Ferrara, Jason T. Slyer, 2014-11-12 Print The Woman's Day Guide to Lasting Weight Loss Kathy Keenan Isoldi, 2006-11 Created by registered CourseSmart dietician Kathy Keenan Isoldi and the editors of Woman's Day this is an expanded version of the most popular and successful weight loss plan that Woman's Day has ever published The 10 easy steps will give you all the knowledge and tools you need to achieve your weight loss goals and maintain them Women face unique challenges while trying to achieve a healthier weight and lifestyle Whether you re trying to get back to your pre pregnancy weight or shed those pesky last 10 pounds you ll find support and guidance within the pages of this book The Woman's Day Guide to Lasting Weight Loss offers a friendly plan that you can incorporate into your busy life Practical tips and trouble shooting charts will help you navigate around the many obstacles women face while trying to eat healthier increase physical activity and improve health Nutrient packed easy to prepare recipes daily menu plans worksheets and best food choice lists will help you set yourself up for success Follow the 10 steps outlined in the book and explore how wonderful it feels to eat well lose weight improve your energy level and feel Medicines Management Sandra Crouch, Michael Crouch, Carol Chapelhow, 2014-05-01 Medicines great everyday Management A Problem Based Approach uses patient scenarios to explore pharmacology and medicines management The book provides the pharmacological background and examines the other factors which enable nurses to provide care to the

patient It will equip the new nurse with the skills they need to problem solve prioritise and make decisions while delivering The Woman's Day Weight-Loss Plan Kathy Keenan Isoldi,2002-12 While both men and women suffer from effective care the ill effects of being overweight women carry the unique burden of trying to maintain a healthy weight while managing a lifetime of physical changes Hormonal shifts can increase appetite and pregnancy may cause women to deposit fat with greater ease Menopause is also a particularly difficult time to try to lose weight Nowadays women juggle many responsibilities including parenting housekeeping and career All these tasks can keep them from eating right and exercising as much as they know they should Maintaining a healthy weight can be a challenge but the health benefits of winning the war on weight are well worth the fight The Woman's Day Weight Loss Plan's three pronged approach will help you reach your goal First you must set your sights on a healthy and sensible weight one that you can achieve and maintain Exercise is also crucial but incorporating more physical activity into your life doesn t mean you have to join a gym and pump iron seven days a week Finally you need a diet you can continue long term What you need to succeed with weight loss is a realistic plan that meets your nutritional needs and is based on the latest scientific research just like the plan designed by Kathy Keenan Isoldi Kathy Isoldi s kind and caring voice bounces right off the pages to guide you through the program helping you overcome challenges and encouraging you to persevere You have so much to gain by losing weight Book jacket Clinician's Pearls & Myths in Rheumatology John H. Stone, 2023-03-30 This book builds upon the first edition with new and improved chapters The book explores the rich assemblage of clinical wisdom from expert rheumatologists from a wide range of specialties including Vasculitis and Sjogren's syndrome It examines the nuggets or pearls of wisdom gained from collective clinical experience about the diagnosis or treatment of various diseases whilst also aiming to debunk myths that have influenced the practice of rheumatology by many clinicians The second edition of A Clinician's Pearls and Myths in Rheumatology is a critical resource for both practitioners and students of rheumatology. This book provides a clear guide for those wishing to take a deep dive into the diagnostic and therapeutic elements of rheumatology *Iournal of the American* Myeloproliferative Disorders Richard T. Silver, Ayalew Tefferi, 2007-10-11 With Academy of Orthopaedic Surgeons, 2007 the recent discovery of JAK2 mutations in myeloproliferative disorders medical science has taken a revolutionary stride forward toward understanding the pathogenesis of these diseases This new advancement translates not only to a more rapid and reliable diagnosis but also allows groundbreaking research into the development of new therapeuti **Forthcoming Books** Rose Arny, 1999-08 Contemporary Concepts in Treating the Rheumatoid Hand, An Issue of Hand Clinics Kevin C. Chung, 2024-11-13 In this issue of Hand Clinics guest editor Dr Kevin C Chung brings his considerable expertise to the topic of Contemporary Concepts in Treating the Rheumatoid Hand Top experts discuss the assessment of progressive hand and wrist deformities in the rheumatoid patient treatment of juvenile rheumatoid arthritis treatment of the thumb in the rheumatoid hand outcomes assessments for the rheumatoid hand and more Contains 13 relevant practice oriented topics

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