Reviewer's report

Title: Closing the osteoporosis care gap - Increased osteoporosis awareness among geriatrics and rehabilitation teams.

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Reviewer: Nicholas Waldron

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The research aimed to assess the rates and predictors of osteoporosis diagnosis and treatment during inpatient stay, for patients admitted following fragility hip fracture. Then compared this data to baseline data 10 years prior attributing the positive changes to an educational initiative.

Major Revisions

1) The FTOP program was described as city wide, targeting multiple clinicians (orthopaedic, rehabilitation and geriatric care) at multiple levels (patient, hospital and primary care staff). The main intervention described was the “fracture alert” targeting post discharge treatment and management.

I would expect should one wish to evaluate post discharge management then data should be collected from this setting. The audit however measured inpatient clinician diagnosis and treatment only.

2) The findings showed a differential response to the intervention with orthopaedics performing less well than geriatrics. It is stated however that the intervention was targeting both groups. The differential response was not addressed, concluding that the FTOP program played a major role for the positive finding only.

3) The link between the data and the conclusion needs strengthening. Given the baseline data was from 10 years prior a lot of other changes have occurred that could explain the finding. The reason for the time gap is not acknowledged.

“The findings that rehabilitation and geriatrics teams show improved recognition and treatment of osteoporosis is likely a result of an education initiative targeting these services, following the findings of a previous study documenting a significant care gap in the region [6]. This suggests that targeted education dissemination can improve patient care

Given the complexity of factors influencing clinician assessment and prescribing behaviour, at minimum a more balanced discussion about the alternative explanations that are locally relevant is warranted. Examples may include drug marketing, guideline production and recommendations, evidence for cost effectiveness, evidence for orthogeriatric services, societal improved baseline care, other educational initiative e.g. through medical school education etc.
Minor Revisions
1) It is unclear how “pre-existing diagnosis of osteoporosis” was established.

2) The issue of baseline care is not adequately dealt with, with a contradiction within the paper itself. In one paragraph, the control arm of an RCT bisphosphonate use was 22%. Later 2 selected trials are referenced suggesting a range of 5.5-6%. I agree the rate is higher than that expected, which is somewhere below 10-20%, with a range of 0.5% to 38%. Some more balanced discussion around this issue showing the range may be helpful.

3) More description about the intervention such as magnitude, detail of education program, method of delivery, frequency, who delivered it, evaluation of target audience, length etc would help the reader appreciate that this was something significant. Assuming the study was designed to measure the effect of the program I would consider putting details of the intervention before the results.

4) “The current findings highlight the need to engage in additional educational strategies aimed towards orthopedic teams, as well as family doctors, who ultimately resume care once these patients leave hospital.”

To me the finding suggest ongoing barriers exist to orthopedic assessment and prescribing. The study however does not evaluate the barriers and we shouldn’t assume this is an educational deficit. It may be they know about osteoporosis and its treatment but don’t prescribe for other reasons e.g. they may not see it as their role or there work practice may not facilitate prescribing etc. It may be more education is not the solution but other interventions e.g. ortho-geriatric model of care or nurse practitioner will have more effect on bisphosphonate prescription.

5) The source of the baseline data is acknowledged clearly. I was unable to find the journal through our library system or google scholar. Whether some more information would help reading the current article I am uncertain, other readers may have the same access issues.

6) Additional data demonstrating an educational deficit may help support the case for selected the educational intervention.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have no competing interests.