Different aetiologies in male and female osteoporosis in Northern Ireland

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Dear Editor,

We read with interest the article by Karayiannis and McAlinden on the incidence of hip fracture in Northern Ireland (NI), and noted the authors' speculation on the causes of the fall in female fractures, compared with the lack of change in males [1].

We run a fracture liaison service (FLS) at one of the four hospitals in NI which receive hip fractures, and believe the rolling out of FLS across NI over the last 10 years is one factor likely to have contributed significantly to the reduced incidence of new fractures in women, as it has been shown to do in other parts of the UK [2]. In addition, figures from our clinic show that men made up 80 out of 275 (29.1 %) consecutive patients between the ages of 50 and 75 seen for FLS assessment having sustained a low trauma fracture over a 6-month period in 2015. Of these, some 36.3 % consumed alcohol at more than the government's recommended weekly limit, most being alcohol dependent. This contrasts with only 7.1 % of females. Although the area in which we work has high levels of social deprivation, alcohol abuse is only one

example of how the aetiology of male osteoporosis is often very different from post-menopausal female osteoporosis, and that a completely different approach, including societal changes, may be necessary to address the condition in men, if a similar fall in incidence is to be seen.

Compliance with ethical standards

Conflicts of interest None.

References

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2. McLellan AR, Wolowacz SE, Zimovetz EA et al (2011) Fracture liaison services for the evaluation and management of patients with osteoporotic fracture: a cost-effectiveness evaluation based on data collected over 8 years of service provision. *Osteoporos Int* 22:2083

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