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LETTER TO THE EDITOR

Authors' response to KD Stathopoulos regarding "Stop (Mis) classifying Fractures as High or Low Trauma or as Fragility Fractures"

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Dear Editor,

We thank Dr. Stathopoulos for his interest in our editorial [1]. He describes two patients whom he believes may fall outside our recommendations to stop misclassifying fractures as high- or low-trauma.

In the first case, a 40-year old man has a motorcycle accident and has an unspecified fracture. We wrote about cases of "extreme trauma" and we considered this might be an exception to our recommendation. However, note that a prospective study that showed that "high trauma" fractures, that included fractures resulting from motor vehicle crashes and bike accidents, were associated with lower BMD and increased risk of "low trauma" fractures [2]. Therefore, it must be shown that rare fractures attributed to more "extreme" trauma are not associated with lower BMD and they are not associated with an increased risk of subsequent fracture. Such research is needed before making exceptions he proposes.

In the second case, a 55-year old woman who is 5-year post-menopause has an elbow fracture during ice skating. The same studies indicate that this woman would have lower BMD and increased risk of fracture than a woman of same age having exactly the same injury but no fracture. Regardless, we would strongly argue that because she has had a fracture, she should be evaluated for her risk of osteoporosis and if she meets local guidelines for treatment, then this should be initiated. It is now common practice in Fracture Liaison Services to target people with fractures. In the UK, we would target patients above the age of 50 years, and then perform a risk assessment that includes BMD [3]. That is the approach we would recommend.

Compliance with ethical standards

Competing interests The authors declare no competing interests.

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