In terms of loss of independence, mortality and their economic impact, proximal femoral fractures are the most serious of all low energy fractures. They heighten the risk of further low energy fractures including contralateral proximal femoral fracture. Fracture of the contralateral proximal femur is associated with higher mortality than fracture of the first proximal femur. Approximately half of proximal femoral fracture patients have already suffered a low energy fracture. In most cases, even these patients are not treated for osteoporosis and no course of action is undertaken to prevent further fractures. Patients suffering low energy fractures are often not aware of the causes of the fracture and do not know that by preventative measures it is possible to reduce risk of further fractures. Patients with low energy fractures frequently suffer from chronic diseases and a significant number of these patients suffer from cognitive impairment. In most cases, treatment by general practitioners to prevent fractures is not provided although there is considerable evidence showing the effectiveness of preventative measures. With a view to unifying approaches to prevention, guidelines for fracture prevention after proximal femoral fracture have been established, endorsed by professional organizations.
Aim: The goal of our study was to verify whether giving specialist individual recommendations to proximal femoral fracture patients and their general practitioners as part of their discharge report after surgical fracture management would lead to better osteoporosis management and better fracture prevention.
Methods: Assessment of individual low energy fracture risk and contralateral hip fracture risk was part of the recommendation. The usefulness of the recommendations in comparison with a control group of patients with proximal femoral fracture was evaluated by comparing patients in whom the recommended examinations had been secured and provided, and patients who according to recommendations were treated with vitamin D, calcium and antiosteoporotic preparations.
Results: 111 patients were included in the control group without individual recommendation. 96 patients were included in the group with individual recommendation. On average 5.3 months (± 1.2 months) following discharge after surgical fracture management, a questionnaire including questions on the implementation of recommended examinations and recommended treatment was sent to patients. Patients who did not return the questionnaire were contacted by phone. The questionnaire was filled out by 44 % of patients from the group without individual recommendation and 49 % of patients from the group with individual recommendation. Including the phone calls, we were able to contact 78 patients (70.3 %) from the group without individual recommendation and 68 patients (70.8 %) from the group with individual recommendation. There was no significant difference between the groups in the number of examinations provided. Densitometric examination or examination by a bone specialist was provided to 7 patients (4.3 %) from the group without individual recommendation and to 7 (14.9 %) patients from the group with individual recommendation. Similarly, there were no significant differences in numbers of patients who were newly treated with vitamin D, calcium and antiosteoporotic preparations. In the group without individual recommendation, 15 (30.6 %) were newly treated with vitamin D and in the group with individual recommendation, the figure was 20 (42.6 %). Antiosteoporotic preparation was newly provided to 3 patients (6.1 %) from the group without individual recommendation and to 5 patients (10.6 %) from the group with individual recommendation. Of 207 patients from both groups, 75 (36.2 %) were not interested in further care, 45 (21.7 %) patients asked for further examination and treatment.
Conclusion: Individual recommendations to examine and treat osteoporosis addressed to general practitioners after surgical treatment of proximal femoral fracture had little effect on preventative treatment. The availability of necessary examinations and treatment is limited

not just by some patient apathy, but also by prescription limitations and by the motivation of general practitioners.