The Journal of the American Osteopathic Association

The Journal of the American Osteopathic Association (JAOA) encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the health care professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA's editors are particularly interested in letters that discuss recently published original research.

Letters must be submitted online at <http://www.osteopathic.org/JAOASubmit> and not have been published elsewhere. All accepted letters to the editor are subject to editing and abridgment.

Osteopathic Medicine and the Osteoporosis Management Gap

To the Editor:

Osteoporosis diagnosis is declining and hip fracture rates, which were tracking downward, have leveled off in the United States.¹ These are significant trends as osteoporotic fractures are associated with reduced quality of life, impaired mobility, and increased mortality.² Moreover, fewer than 20% of patients who sustain a fragility fracture receive drug therapy to reduce the risk of a subsequent fracture.³ This alarming treatment gap has led the establishment of a coalition of stakeholder organizations (led by the American Society for Bone & Mineral Research and the Center for Medical Technology Policy) charged with developing consensus regarding osteoporosis management. The coalition produced clinical recommendations aimed at preventing secondary fractures among patients aged 65 years or older with a prior hip or vertebral fracture.⁴ These 13 recommendations address comprehensive

management of osteoporosis, including assessing and reducing fall risk, prescribing appropriate pharmacotherapy, and improving patient education about the benefits of treatment and risks associated with the lack thereof.

The coalition's recommendations reinforce the fact that primary care providers are on the front line of osteoporosis care. In the US, nearly 50% of osteopathic physicians (DOs) practice in family medicine or internal medicine and, in 2019, DOs matched into more than 31% and 17% of all first-year residency slots in family medicine and internal medicine, respectively.⁵⁻⁷ Moreover, DOs are particularly well-suited to lead the charge in comprehensive management of osteoporosis in the US health care system. For instance, osteopathic manipulative treatment improves balance and reduces fall risk,⁸⁻¹⁰ which aligns with the coalition's recommendation to "consider... evaluation and intervention to improve impairments in mobility, gait and balance...".⁴ This is reminiscent of recommendations that appeared in *The Journal of the American Osteopathic Association* in 2013, encouraging geriatricians to use

osteopathic manipulative treatment to "identify posture and gait abnormalities that contribute to gait and balance disorders."¹¹ Additionally, the osteopathic philosophy's emphasis on preventive care aligns with the coalition's recommendation to "counsel [patients] not to smoke or use tobacco... limit alcohol intake... [and to] exercise regularly, including weight-bearing, muscle strengthening, and balance and postural exercises."⁴

DOs must be champions in the fight to close the osteoporosis management gap and reduce the negative impact of this chronic disease. (doi:10.7556/jaoa.2020.092)

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References

1. Lewiecki EM, Wright NC, Curtis JR, et al. Hip fracture trends in the United States, 2002 to 2015. *Osteoporos Int*. 2018;29(3):717-722. doi:10.1007/s00198-017-4345-0.
2. Cauley JA. Public health impact of osteoporosis. *J Gerontol A Biol Sci Med Sci*. 2013;68(10):1243-1251. doi:10.1093/gerona/glt093
3. Kanis JA, Svedbom A, Harvey N, McCloskey EV. The osteoporosis treatment gap. *J Bone Miner Res*. 2014;29(9):1926-1928. doi:10.1002/jbmr.2301
4. Conley RB, Adib G, Adler RA, et al. Secondary fracture prevention: consensus clinical recommendations from a multistakeholder coalition. *J Bone Miner Res*. 2020;35(1):36-52. doi:10.1002/jbmr.3877

5. *Final DO Match Day produces 506 primary care residents.* American Osteopathic Association; 2019. <https://osteopathic.org/2019/02/04/final-do-match-day-produces-506-primary-care-residents/>. Accessed November 6, 2019.
6. *Results and Data 2019 Main Residency Match.* National Residency Matching Program; 2019. https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2019/04/NRMP-Results-and-Data-2019_04112019_final.pdf. Accessed July 22, 2020.
7. *Osteopathic Medical Profession Report.* American Osteopathic Association; 2018. <https://osteopathic.org/wp-content/uploads/2018-OMP-Report.pdf>. Accessed November 6, 2019.
8. Fraix M. Osteopathic manipulative treatment and vertigo: a pilot study. *PM R.* 2010;2(7):612-618. doi:10.1016/j.pmrj.2010.04.001
9. Lopez D, King HH, Knebl JA, Kosmopoulos V, Collins D, Patterson RM. Effects of comprehensive osteopathic manipulative treatment on balance in elderly patients: a pilot study. *J Am Osteopath Assoc.* 2011;111(6):382-388. doi:10.7556/jaoa.2011.111.6.382
10. Wells MR, Giantinoto S, D'Agate D, et al. Standard osteopathic manipulative treatment acutely improves gait performance in patients with Parkinson's disease. *J Am Osteopath Assoc.* 1999;99(2):92-98. doi:10.7556/jaoa.1999.99.2.92
11. Noll DR, Channell MK, Basehore PM, et al. Developing osteopathic competencies in geriatrics for medical students. *J Am Osteopath Assoc.* 2013;113(4):276-289.

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