population-based cohort to inform health care planners on trends in costs and resource needs related to fractures. METHODS: We used the Population Health Research Data Repository for the Province of Manitoba, Canada which is a comprehensive collection of databases including physician visits, hospitalizations and pharmaceutical prescriptions. Age and adjusted fracture rates were calculated for men and women aged 50 years and older from 1986 to 2006 according to fracture site (defined by ICD-9 CM codes) and mechanism (presence/absence of ICD-9 CM external injury codes). Generalized linear models with generalized estimating equations were used to derive adjusted annual rates and test the linear change overall, and for men and women separately. RESULTS: Osteoporotic fractures (traumatic fractures of the hip, forearm, spine and humerus) showed a significant linear decline (0.8% per-annum [95% CI 0.3–1.2%]), with a greater decline in women (1.0% [0.4–1.7%]) than in men (-0.4% [P < 0.5 for sex interaction]). Similar trends were seen for all fractures sites: hip 0.9% [0.2–1.7%], forearm 0.8% [0.4–1.3%], humerus 0.7% [0.2–1.2%] and spine 0.5% [0.0–1.0%]). A greater reduction in traumatic fractures was observed (1.8% per-annum [95% CI 1.2–2.6%]), with a greater decline in men (2.2% [1.3–3.1%]) than in women 1.7% [0.2–2.4%], P < 0.5 for sex interaction. Similar results were seen when testing the difference between the initial 5 years (1986–1991) and the final five years (2001–2006) of data. CONCLUSIONS: We observed a decrease in both non-traumatic (osteoporotic) and traumatic fracture rates over the study period. This decline was apparent in years prior to widespread osteoporosis testing or availability of modern pharmacotherapy.

RECURRENT FRACTURES AFTER FIRST HIP FRACTURES POSHIP(PREVENTION OF SECOND HIP FRACTURES) STUDY Yamabe K1, Higano H2, Sawaguchi T3, Endo N4, Nakano T5, Watanabe Y6, Ito Y7, Abe M8,9 PoshIP Secretariat, Sapporo University, Yonago City, Tottori, Japan, 2Toyama City Hospital, Toyama, Toyama, Japan, 3Niigata University Graduate School of Medical and Dental Sciences, Niigata, Niigata, Japan, 4Tama Central Hospital, Kumamoto, Kumamoto, Japan, 5Kumamoto University, Kumamoto, Kumamoto, Japan, 6Toyama University, Toyama, Japan, 7Tokyo University, Tokyo, Japan, 8Tottori University, Yonago, Tottori, Japan, 9Tottori University, Yonago City, Tottori, Japan

OBJECTIVES: It has been reported that bone fracture the risk of developing increases for recurrent fractures once before, and that such patients do not receive enough osteoporosis treatment. In this present study, we investigated incidence of recurrent fractures and the circumstances of pharmacotherapy for osteoporosis among patients who have experienced first hip fracture. METHODS: Female patients 65 years and older who had experienced first hip fractures from January 1, 2006 to December 31, 2007 were enrolled at 23 hospitals. We reviewed their medical records and conducted a patient survey to collect information on surgical methods, osteoporosis treatments and prognosis for 1 year after first hip fracture. The questionnaires were filled out by either the patient or family member. This interim analysis was conducted for 477 patients out of 2,266 enrolled patients. RESULTS: The average age was 84.0 (66–103) years old. In terms of fracture type, we identified 237 cervical cases and 237 intertrochanteric fractures, with 3 cases that were not specified. A total of 94.3 % of the patients received an operation. During hospitalization, 26.2% were on pharmacotherapy and 22.9% received no pharmacotherapy. For the observational period, 1 year after first fractures, 13.4% of the patients received pharmacotherapy, but 57.2% received no treatment. For the observational period, 44 patients (9.2%) experienced recurrent fractures and 18 (3.8%) out of those suffered hip fractures.

CONCLUSIONS: One year after first fracture, 13.4% of the patients received pharmacotherapy, but 57.2% received no treatment. For the observational period, 44 patients (9.2%) experienced recurrent fractures and 18 (3.8%) out of those suffered hip fractures. During hospitalization, 26.2% of patients received pharmacotherapy, and 22.9% received no pharmacotherapy. For the observational period, 1 year after first fractures, 13.4% of the patients received pharmacotherapy, but 57.2% received no treatment. For the observational period, 44 patients (9.2%) experienced recurrent fractures and 18 (3.8%) out of those suffered hip fractures.