

## HOW WE STARTED WITH THE FRACTURE LIAISON SERVICE IN CLINICAL CENTER OF VOJVODINA

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The World Health Organization has recognized osteoporosis as a well-defined condition that afflicts more than 75 million people in Europe, the USA, and Japan. Osteoporosis represents one of the greatest health risks for individuals aged 50 years and older, even when compared with hypercholesterolemia and hypertension [1]. The fragility fracture epidemic is considerable, affecting one in three women and one in five men over the age of 50 years. This has significant cost to the individual (in terms of morbidity and mortality) but also accrues significant financial costs to the global health economy. The annual cost of fragility fractures exceeded €37 billion in Europe (in 2010) and \$20 billion in the United States (in 1992) [2]. Current evidence suggests a particularly marked increase in risk over the first 2 years after a sentinel fracture; although the excess risk subsequently wanes, it never reverts to the pre-fracture baseline [2]. Despite this a large proportion of patients presenting to healthcare professionals remain needlessly at risk and untreated in a so-called 'Treatment Gap', with estimates suggesting that only 20% of fractured patients are assessed and treated appropriately. Fracture Liaison Service (FLS) is coordinated, multi-disciplinary models of care for secondary fracture prevention. FLS systematically identify people aged 50 and older who have had a 'fragility fracture', with the aim of reducing their risk of further fractures [3]. FLS serves two main purposes; one, to address the aforementioned problem of 'The Treatment Gap' and two, to improve communication between healthcare providers by providing a clearly defined pathway for patients with fragility fractures [4]. Having recognised and accommodated the impact of imminent fracture risk, a critical deliverable for an FLS is to rapidly initiate anti-osteoporosis therapy for patients at sufficiently increased risk of sustaining a further fracture as outlined by organisational and patient-level performance indicators. There is substantial evidence to demonstrate the clinical efficacy and cost-effectiveness of setting up a Fracture Liaison Service [5].

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