

Osteoporosis, (bone) fractures and fracture liaison services

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Osteoporosis, (bone) fractures and fracture liaison services:

Health-related quality of life, clinical and economic outcomes

Nannan Li

1. Anti-osteoporotic drugs are cost-effective in persons over the age of 60 years who have osteoporosis or a prior fracture, less favorable results were identified in men compared to women (this dissertation).
2. Avoidance of clinical and statistical jargon, using simplified language with pictorial representations adapted to the literacy levels of patients are essential in communication of fracture risk (this dissertation).
3. Presence of a Fracture Liaison Service (FLS) is associated with a significantly lower subsequent fractures and mortality risk. Increasing deployment of FLS for patients is necessary (this dissertation).
4. Both EQ-5D-5L and SF-6D are valid utility instruments in patients with fractures attending the FLS. However, they cannot be used interchangeably given differences in utility values (this dissertation).
5. The availability of FLS has lifetime health-economic benefits in persons with a recent fracture aged 50 years and older in both China and the Netherlands (this dissertation).
6. Avoidance of selection bias, taking competing risk of mortality and immortal time between fracture and FLS visit into account are important to assess clinical outcomes of FLS (this dissertation).
7. Involvement of care providers from multiple disciplines and better coordination of tasks between general practitioners, secondary health professionals and pharmacists contribute to the success of FLS initiatives.
8. An ounce of prevention is worth a pound of cure (Benjamin Franklin, 1700s).
9. Laughter is a tranquilizer with no side effects (Arnold Henry Glasow, 1974).
10. Let me think that there is one among those stars that guides my life through the dark unknown (Rabindranath Tagore, 1916).