

**The Mexican Hip Fracture Registry:
A Proposal and Methodology for the Latin-American Population**

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Purpose: In Latin America and the Caribbean (Latam), with a multi-ethnic population above 669 million people and increasing elderly population, the incidence and prevalence of osteoporosis and hip fractures are high, together with a limited access to diagnostic tools and therapy. This has led hip fracture to be an important personal, social and economic burden. For 2050 we expect to double the number of hip fractures in Latam countries. No hip fracture registries exist in Latam. Hip fracture registries allow us to measure the problem magnitude and real epidemiology. That will allow making more efficient guidelines at a national level and the proper health policy changing.

Methods: Through an analysis of the different social determinants, health systems, care work models, and epidemiological scenarios on medical care for hip fractures, a group of experts from 3 specialties (orthopaedic surgeons, geriatricians, and bone metabolism experts) use the MCD (Minimum Common Dataset) created by the FFN (Fragility Fracture Network) as a framework and the variables were adapted to make them suitable for the Latam situation.

Results: We propose that the data registry of each patient be made up of 31 multiple-choice variables, the first 27 being answered during the patient's hospitalization (Table 1) and in a follow-up visit 30 to 45 days after the initial event. The data collection is completed with 4 multiple choice variables where mortality, complications, ambulation, and treatment of osteoporosis are assessed.

Conclusion: Through this dataset, we can help Latam start with a local or national Hip fracture registry by using the same database, which will help to compare and improve the care of hip fractures with an international perspective.

Chart 1
Hip fracture registry proposed variables.

- Pre-fracture residence	- Type of surgery
- Number of comorbidities	- Type of anesthesia
- Functional Ambulation Categories (FAC) score	- Duration of surgery
- Ambulation device use. (FAC segment)	- Need for blood transfusion
- Pfeiffer scale	- Mobilization first 48 hours (sitting outside bed)
- Pre-fracture independence level (career response)	- Walking in the first 4 days or hospital discharge
- Pre-fracture Osteoporosis treatment.	- Presence of delirium
- ASA score	- Presence of pressure ulcers
- Type of fracture AO/OTA	- Mortality
- Side of the fracture	- In-hospital other complication
- Pathologic fracture presence	- Discharge osteoporosis treatment
- Associated fractures	- Discharge anticoagulation
- Time from initial attention to surgery.	- Destination at discharge.
- Medical Specialties who treat the patient	

The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.