

# Best Practice and Adverse Drug Reactions

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A- The rate periprosthetic fractures following total Knee or total hip replacements in recent years has sharply increased. It represents a problem for the orthopedic surgeon especially because the patient wants to keep an active life. The Journal of Bone and Joint Surgery (June 2024) has recently published their findings.

The more we perform joint replacements, the more this problem will be of actuality. The rate of fractures has increased to 52% in five years and the orthopedist see a challenge in revising a joint replacement or fixing a periprosthetic fracture. The total joint surgeon finds increasingly, the need to fix more fractures than revise the components of a total joint.

Between 2016 and 2021, 121,298 patients with periprosthetic fractures were identified and treated. 58% of the fractures involved a total hip Replacement and 42% involved a Total Knee Replacement. Patients had an average age of 78 and 70% were female and 30% male. The researchers predicted that by 2032, we may expect to observe a 212% increase in periprosthetic fractures. More open reduction and internal fixation is performed than revision of total joints. The more we see an increase in the number of primary joint replacement, the more we will expect to have more periprosthetic fractures. A greater demand on the healthcare system will request more experienced trauma-trained or joint replacement specialists to take care of such problems and also a more advanced rehabilitation which will add on the economic burden in the treatment of periprosthetic fractures. Open reduction of those fracture may reflect also advances in the surgical techniques and implant design especially in the younger patients.

One can expect a change in the implants design and the technology surely to bringing more revolution in the implants design.

- B- Many recent studies have shown that stress adversely impacts the mental and physical health of clinicians. During the pandemic with COVID-19, we have noticed an increase in stresses and more burnout situation and workforce shortages. Parallely, a growing overall dissatisfaction has dominated the conversation in most of the healthcare organizations. Everybody needs to take good care of themselves to enjoy health and strength, allowing them to face different aspects of the patients care. Most of the state agencies encourage physician to reflect on their care as well as the care of their patients with the same spirit and dedication.
- C- A new study estimates that million of Americans may no longer be qualified for statin or blood pressure medications because a new calculator may better predict the risk, for 107,000 more heart attacks and strokes over ten years. This study published in JAMA is the second paper calling for our attention on the widely used medicines specially designed to prevent death by heart attacks in the USA. Medical societies have already formulated new guidelines to inform diverse practices about the risk model and existing thresholds that trigger prescriptions. Should patients continue to receive medication for preventive care notably statins and anti-hypotensive medications? The question asked is: Who should be taking a statin medication? Many will be suggested to take a statin when there is a 5% risk of developing a cardiovascular disease. Who should be taking blood in prevention ? A blood pressure at or above 130/80there is a 10% risk of cardiovascular disease. Experts are asking to reset the thresholds. Statin medications work well at lowering the bad cholesterol LDL which clogs blood vessels. The drawbacks of the statins include a higher risk of type 2 diabetes. It looks like 14.3 million fewer people would no longer meet eligibility for statin medications and 2.6 fewer people would be candidates for blood pressure medications. We hope to be able to find new ways to treat people previously medicated with preventive statins and preventive High blood pressure medication. The change in the regimen may bring more heart attack and strokes in the years to come.

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