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Re: "The Critical Role of Follow-Up in Fracture Liaison Services for Geriatric Hip Fracture Patients: A Retrospective Cohort Study" — Israeli Eilon et al (2026)

Dear editor,

We read with great interest the recent publication by Israeli Eilon et al. (2026) entitled "The Critical Role of Follow-Up in Fracture Liaison Services for Geriatric Hip Fracture Patients." This retrospective cohort study addresses a clinically meaningful and timely question: whether the inclusion of post-discharge coordinator follow-up within a Fracture Liaison Service (FLS) framework significantly improves patient outcomes following hip fracture surgery.

The study's findings are both compelling and consequential. The authors demonstrate a striking difference in osteoporosis medication adherence between patients who received coordinator follow-up (77%) and those who did not (39%) — a nearly twofold improvement that carries profound implications for secondary fracture prevention. Equally noteworthy is the difference in the mean time to treatment initiation: 80 days in the coordinator group versus 314 days in the non-coordinator group. This disparity underscores a critical window of vulnerability in post-fracture care, during which timely pharmacological intervention can substantially reduce the risk of subsequent fragility fractures.

Particularly illuminating is the analysis of reasons for non-adherence. In the non-coordinator group, 75.5% of non-adherent patients cited lack of information about the necessity of medication — not a deliberate refusal — as the cause. This finding reveals that the "treatment gap" so often observed in osteoporosis management is not primarily a matter of patient unwillingness, but rather a failure of the care system to consistently communicate and reinforce medical recommendations after discharge. The coordinator's role thus emerges not merely as an administrative convenience, but as an essential educational and communicative bridge between the acute care setting and long-term disease management.

The public health relevance of this work cannot be overstated. With approximately 1.6 million hip fractures occurring globally each year and this figure projected to double by 2050, health systems face mounting pressure to implement scalable, evidence-based secondary prevention strategies. The FLS model, particularly when complemented by structured post-discharge follow-up, represents precisely such a strategy. The authors' data contribute meaningfully to a growing body of literature confirming FLS efficacy, while uniquely isolating the contribution of the follow-up component — a distinction that many prior studies have not made explicit.

From a health systems and policy perspective, the cost-effectiveness implications are also worth emphasizing. While the authors acknowledge that coordinator follow-up adds time and resources, the downstream costs averted through improved treatment adherence — including reduced re-fracture rates, fewer revision surgeries, and diminished long-term disability — likely outweigh these investments considerably. Future research quantifying this economic dimension would further strengthen the case for universal adoption of coordinator-based FLS models.

We acknowledge the limitations the authors themselves candidly describe, including the retrospective design, potential recall and selection biases, and the historical nature of the control group. Nevertheless, the magnitude of the observed differences in adherence and treatment timing lends robustness to the core findings, even in the absence of a randomized controlled design. We commend the research team for their transparency and for following STROBE reporting guidelines.

In conclusion, this study makes a valuable contribution to the literature on geriatric fracture care and strongly supports the integration of coordinator-led follow-up as a standard component of FLS protocols. We hope it will stimulate broader

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implementation of such programs and inspire prospective, multi-center studies to further validate these findings across diverse healthcare settings.

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