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Diagnostic strategies in patients with high fracture risk

1. Underlying secondary factors for increased bone fragility are highly prevalent independently of Bone Mineral Density in patients 50 years or older who have sustained a recent fracture (*this thesis*)
2. The performance of Vertebral Fracture Assessment should be internally evaluated against conventional radiography of the spine in individual centers before this tool can be reliably used for screening for vertebral fractures in patients at risk for osteoporosis (*this thesis*)
3. The impact microindentation technique is able to differentiate between patients with or without an increased fracture risk (*this thesis*)
4. Bone Material Strength index is low in patients who have sustained a vertebral or non-vertebral fracture independently of fracture type (*this thesis*)
5. Osteoporosis care of fracture patients has been characterized as the Bermuda Triangle made up of orthopaedists, primary care physicians, and osteoporosis experts into which the fracture patient disappears (*Harrington J. Dilemmas in providing osteoporosis care for fragility fracture patients. US musculoskelet Rev Touch Brief II 2006;II:64-65*)

6. A dedicated fracture nurse was the central responsible coordinator to identify fracture patients to evaluate risk factors for subsequent fractures and to organise secondary fracture prevention after counselling by the surgeon, endocrinologist or rheumatologist (*Huntjens K.M.B. Implementation of osteoporosis guidelines: a survey of five large fracture liaison services in the Netherlands. Osteoporos Int 2011;22:2129-2135*)
7. Properties at the cellular, matrix, microarchitectural and macroarchitectural levels may all impact the mechanical properties of bone. Importantly though, the various factors are interrelated, and therefore, one cannot expect that changes in a single property will be solely predictive of changes in bone mechanical behaviour (*Bouxsein M.L. Determinants of skeletal fragility. Best Pract Res Clin Rheumatol 2005;19:897-911*)
8. Senile osteoporosis is underdiagnosed and undertreated, but age should not be a barrier to intervention (*Boonen S. Osteoporosis and osteoporotic fracture occurrence and prevention in the elderly: a geriatric perspective. Best Pract Res Clin Endocrinol Metab 2008;22:765-85*)
9. Medisch studenten moeten al vroeg in de opleiding kennismaken met ouderengeneeskunde middels een verplicht co-schap ouderengeneeskunde
10. A good physician treats the disease; the great physician treats the patient who has the disease (*William Osler, 1849-1919*)