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Letter to the Editor: On epidemiology of fractures and variation with age and ethnicity

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Letter to the Editor: On epidemiology of fractures and variation with age and ethnicity

The recent article on epidemiology of fractures in the United Kingdom 1988-2012 using health records from the Clinical Practice Research Datalink (CPRD) provides useful estimates of fracture incidence across the UK [1]. One of the findings from this study was a marked difference in fracture rates according to ethnicity in people aged over 50. This applied to both men and women, with lowest rates of fracture found amongst black individuals, highest rates amongst white individuals and the South Asian population experiencing an intermediate fracture rate.

Fracture risk is known to increase with age [2]. Curtis *et al* (2016) also demonstrated progressive increases in fracture incidence with age from age 50 in women, and age 75 in men [1]. However the differences in fracture risk between the ethnic groups were only reported in individuals aged 50 years or over, with no further subdivision into age categories. The age structure of ethnic minority populations varies widely and generally includes a lower proportion of people in older age groups. For instance, in 2007, of those adults who were aged over 50 years, 48% of white British, but only 34% of Indians, 36% of Pakistani and 40% of Bangladeshi were aged over 65 [3]. Lower fracture incidence in people of South Asian origin could thus be explained by their younger age profile. In terms of aiding decisions on allocation of healthcare provision to populations of greatest need the findings of this study are important. In terms of comparing the fracture risk in different ethnic groups, it would be valuable if the authors could provide some further information about age standardised fracture risk in the different groups.

[1] E.M. Curtis, R. van der Velde, R.J. Moon, J.P. van den Bergh, P. Geusens, F. de Vries, T.P. van Staa, C. Cooper, N.C. Harvey. Epidemiology of fractures in the United Kingdom 1988-2012: Variation with age, sex, geography, ethnicity and socioeconomic status. *Bone* 87 (2016) 19-26

[2] J.A. Kanis, J.Johnell O, Oden A, Johansson H, McCloskey E. FRAXTM and the assessment of fracture probability in men and women from the UK. *Osteoporos. Int.* 19 (2008) 385-397.

[3] N. Lievesley. The future ageing of the ethnic minority population of England and Wales.

Runnymede and the Centre for Policy on Ageing. London. 2010. Available from:

<http://www.cpa.org.uk/information/reviews/thefutureageingoftheethnicminoritypopulationofenglandandwales.pdf> Accessed 27th June 2016