

A Health System-Based Approach: Using EMR Filters to Identify Suspected Occult Hypophosphatasia

Camille Moeckel¹, Joshua Chen, MD¹, Zara Karuman, MD¹, Edward Fox, MD¹

¹Department of Orthopaedics and Rehabilitation, Penn State Milton S. Hershey Medical Center, Hershey, PA
cmoeckel@pennstatehealth.psu.edu

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INTRODUCTION: Occult hypophosphatasia (HPP) is a rare metabolic bone disorder caused by mutations in the ALPL gene; the prevalence of severe forms of the disease has been estimated to be 1/100,000. It is characterized by a wide variety of clinical symptoms including a persistently low tissue-nonspecific alkaline phosphate (ALP). ALP is important for mineralization of the bones and teeth. Therefore, HPP can have serious consequences if left undiagnosed. Identifying patients with HPP can be challenging because a low ALP is uncommonly encountered in clinical practice and HPP has a nonspecific clinical presentation in milder forms. Electronic medical record (EMR) systems have become an integral part of patient care, and there is growing interest in their potential to improve disease surveillance and early diagnosis. The purpose of this study is to investigate the use of EMR filters in the identification of potential cases of occult HPP in a large, rural health system.

METHODS: After IRB approval, our Information Technology department utilized filters to identify adult patients (>18) who had visited the health system from 2014 to 2018 and had two consecutively low ALP levels (serum alkaline phosphatase ≤ 30 IU/L). Patient charts that met the search criteria were then reviewed by the research team to confirm the potential diagnosis and collect data on their clinical characteristics. Exclusion criteria for patients included the presence of diseases and treatments known to decrease ALP levels, such as active cancer, multiple myeloma, overt hypothyroidism, malnutrition, pernicious or profound anemia, multiorgan/hepatic failure, bisphosphonate therapy, chronic glucocorticoids, and ongoing chemotherapy.

RESULTS: Of the 733,860 unique patients seen between 2014 and 2018, 273 patients were identified with two consecutively low ALP levels. Among these patients, 28 were identified after chart review as potentially having occult HPP. Common symptoms reported included musculoskeletal pain, recurrent fractures, myalgia, chondrocalcinosis, and dental problems, such as periodontal disease.

DISCUSSION: In conclusion, the utilization of EMR filters to identify potential cases of occult HPP has shown to be an effective approach; by leveraging the power of EMRs, healthcare providers can quickly identify patients at risk for HPP and initiate appropriate interventions. Going forward, the next step would be to contact the identified patients for further evaluation and management. By taking a proactive automated approach to screening and diagnosis, outcomes can potentially be improved for patients with HPP.

SIGNIFICANCE/CLINICAL RELEVANCE: This study highlights the successful use of EMR filters to identify potential cases of occult HPP within a large health system, aiding in the prompt recognition and management of this rare metabolic bone disorder. Leveraging EMRs for proactive screening could improve outcomes by enabling timely interventions for patients with HPP symptoms and low ALP levels.

REFERENCES:

- Linglart A, Biosse-Duplan M. Hypophosphatasia. *Curr Osteoporos Rep.* 2016;14(3):95-105. doi:10.1007/s11914-016-0309-0
- Fenn JS, Lorde N, Ward JM, Borovickova I. Hypophosphatasia. *J Clin Pathol.* 2021;74(10):635-640. doi:10.1136/jclinpath-2021-207426
- Berkseth KE, Tebben PJ, Drake MT, Hefferan TE, Jewison DE, Wermers RA. Clinical spectrum of hypophosphatasia diagnosed in adults. *Bone.* 2013;54(1):21-27. doi:10.1016/j.bone.2013.01.024
- Shapiro JR, Lewiecki EM. Hypophosphatasia in Adults: Clinical Assessment and Treatment Considerations. *J Bone Miner Res.* 2017;32(10):1977-1980. doi:10.1002/jbmr.3226
- Lefever E, Witters P, Gielen E, et al. Hypophosphatasia in Adults: Clinical Spectrum and Its Association With Genetics and Metabolic Substrates. *J Clin Densitom.* 2020;23(3):340-348. doi:10.1016/j.jocd.2018.12.006
- Wilke RA, Berg RL, Peissig P, et al. Use of an electronic medical record for the identification of research subjects with diabetes mellitus. *Clin Med Res.* 2007;5(1):1-7. doi:10.3121/cm.2007.726
- McKiernan FE, Berg RL, Fuehrer J. Clinical and radiographic findings in adults with persistent hypophosphatasemia. *J Bone Miner Res.* 2014;29(7):1651-1660. doi:10.1002/jbmr.2178
- Quinn HB, Busch RS, Kane MP. The Occurrence and Burden of Hypophosphatasia in an Ambulatory Care Endocrinology Practice. *Endocr Pract.* 2021;27(12):1189-1192. doi:10.1016/j.eprac.2021.07.005
- Guañabens N, Blanch J, Martínez-Díaz-Guerra G, Muñoz Torres M. Identification of hypophosphatasia in a clinical setting: Clinical manifestations and diagnostic recommendations in adult patients. *Med Clin (Barc).* 2018;150(2):75-79. doi:10.1016/j.medcli.2017.06.040
- Koehler K, Atway S, Pipes J, Ing S. Diagnosis of Hypophosphatasia in Adults Presenting With Metatarsal Stress Fracture: Proof-of-Concept for a Case-Finding Strategy. *JBMR Plus.* 2021;5(6):e10495. doi:10.1002/jbm4.10495

IMAGES AND TABLES

Figure 1: Methodology

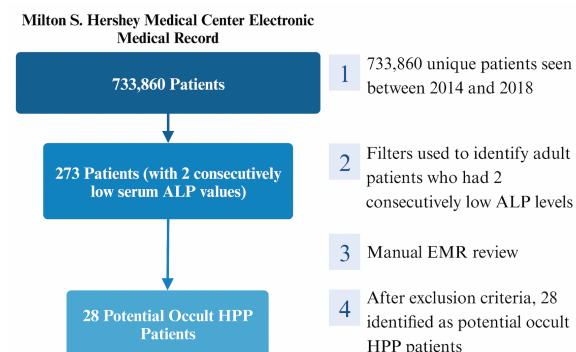


Table 1: Exclusion criteria for manual EMR review

Diseases and treatments known to decrease ALP levels	
Active cancer	Multiorgan failure
Multiple myeloma	Hepatic failure
Overt hypothyroidism	Bisphosphonate therapy
Malnutrition	Chronic glucocorticoids
Pernicious/profound anemia	Ongoing chemotherapy

Table 2: Clinical manifestations of adult occult hypophosphatasia

Clinical manifestations	
Neurological	Seizures (Vit. B6 responsive)
Skeletal	Defective mineralization, rickets, osteomalacia, bone deformity, multiple fractures, delayed bone healing
Respiratory	Severe respiratory insufficiency, respiratory complications
Muscular	Chronic muscle pain, reduced muscular strength and performance
Articular	Chondrocalcinosis, ectopic calcification of ligaments, pseudogout
Renal	Hyperphosphatemia, hypercalciuria, nephrocalcinosis
Dental	Premature loss of deciduous and permanent teeth, periodontal disease