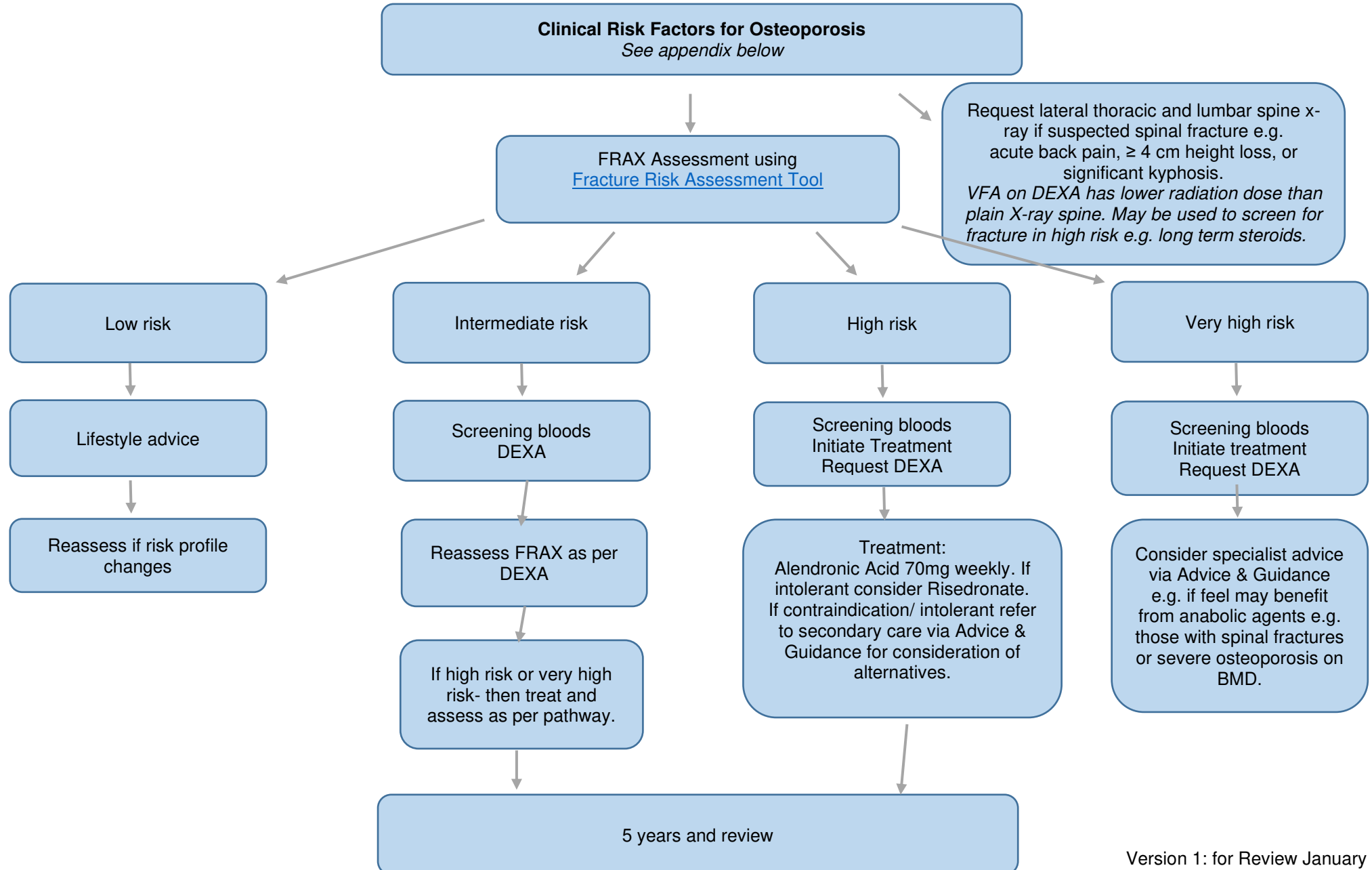


Osteoporosis Guidelines Flow Chart Identifying patients at risk

(For Secondary Prevention of Fracture see [Guidelines](#))



Osteoporosis Guidelines:

CLINICAL RISK FACTORS

- Thoracic kyphosis
- Height loss >4cm
- Falls and frailty
- Inflammatory rheumatic disease
- Endocrine
- Diabetes, Hyper (para)thyroid
- Hypogonadism or Cushings
- Haematological: myeloma, thalassaemia
- HIV
- Neurological: Parkinsons, MS, stroke
- Nutritional deficiencies (e.g Calcium/Vit D
- Malabsorption – Bariatric surgery, IBD
- Liver disease, high alcohol intake (>3units/day)
- Medications:
 - Steroids (3/12 >5mg per day)
 - Aromatase inhibitors
- See NOGG guidance for full list

OSTEOPOROSIS INVESTIGATIONS

- FBC, U&Es, Bone profile
- Vitamin D
- TFT
- Coeliac screen
- ESR plus myeloma screen if indicated
- Spine x-ray or VFA on DEXA if kyphosis, ≤ 4cm height loss

TREATMENT OPTIONS

- Screening bloods first – correct Calcium/Vit D
- Dental review ideal prior to commencing treatment
- Oral bisphosphonates
 - Alendronate 70mg weekly– first line
 - Risedronate if intolerant
- IV Zoledronic acid- first line post hip fracture or if contraindications/intolerance to oral. Max 6 years.
- Denosumab – reserve for older patients as long term. May be prescribed in Primary care with specialist advice
- Anabolic agents (secondary prevention)
 - Romosozumab – very high risk patients with fracture last 2 years- licensed for post menopausal women
 - Teriparatide – severe osteoporosis, failed bisphosphonates