

# Osteoporosis Guidelines Flow Chart Identifying patients at risk

(For Secondary Prevention of Fracture see Guidelines) **Clinical Risk Factors for Osteoporosis** See appendix below Request lateral thoracic and lumbar spine xray if suspected spinal fracture e.g. acute back pain, ≥ 4 cm height loss, or FRAX Assessment using significant kyphosis. Fracture Risk Assessment Tool VFA on DEXA has lower radiation dose than plain X-ray spine. May be used to screen for fracture in high risk e.g. long term steroids. Very high risk High risk Low risk Intermediate risk Screening bloods Screening bloods Screening bloods Lifestyle advice Initiate Treatment Initiate treatment **DEXA** Request DEXA Request DEXA Reassess if risk profile Treatment: Reassess FRAX as per Consider specialist advice changes Alendronic Acid 70mg weekly. If **DEXA** via Advice & Guidance intolerant consider Risedronate. e.g. if feel may benefit If contraindication/ intolerant refer from anabolic agents e.g. to secondary care via Advice & those with spinal fractures Guidance for consideration of or severe osteoporosis on If high risk or very high alternatives. BMD. risk- then treat and assess as per pathway.

5 years and review



## **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:
  - o 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
  - o Alendronate 70mg weekly- first line
  - o Risedronate if intolerant
- IV Zolendronic 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 yearslicensed for post menopausal women
  - Teriparatide severe osteoporosis, failed bisphosphonates