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Guidelines for the Prevention & Management of Osteoporosis in Men & Women >45 Years

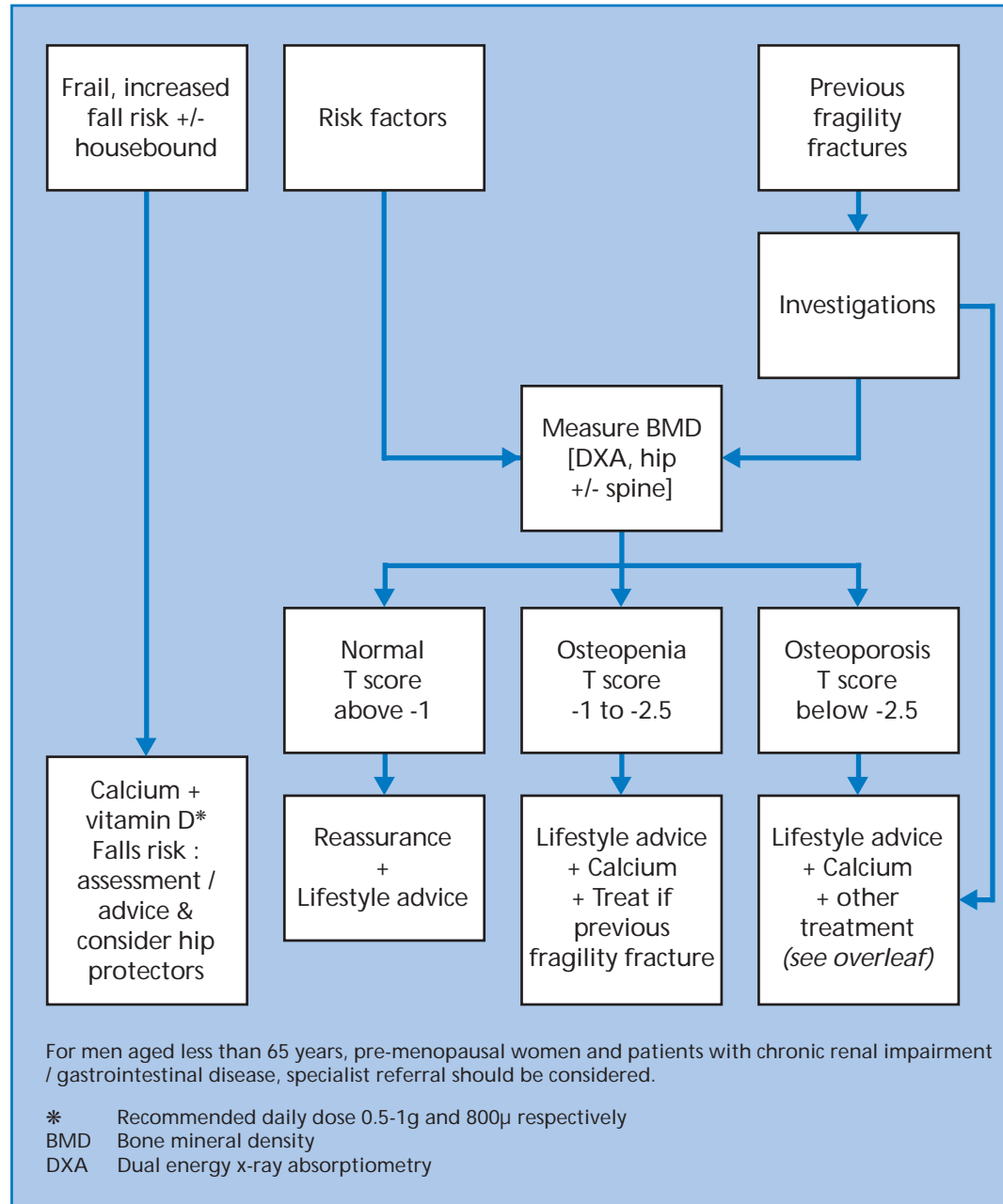
Risk factors

(other than previous fragility fracture)

- Premature menopause (< 45 years) or untreated hypogonadism
- Glucocorticoids (oral) (> 5mg/day for > 3 months /year)
- Radiological osteopenia
- Diseases linked with increased risk of osteoporosis, e.g. GI disease, coeliac disease, hyperparathyroidism
- Low bone mass as assessed by other techniques
- Maternal history of hip fracture

BMD Measurements

- Diagnosis - DEXA spine and total hip
- Osteoporosis present if, in either hip or spine, t score < -2.5. Caution in interpreting spine measurements in older subjects (>60 years) as degenerative disease may lead to artifactual increase in bone mass.
- No evidence that repeat scan influences management but may help with compliance. Minimum time between baseline and follow up scans is 2 years



Previous Fragility Fracture

Defined as a fracture from a standing height or less and includes non-traumatic vertebral fractures. A previous fragility fracture is a strong independent risk for further fracture and may be regarded as an indication for treatment without the need for BMD measurement **when** the clinical history is unequivocal.

Investigations

- FBC, ESR
- Bone & Liver function tests [Ca, P, AlkPhos, ALT, GGT]
- Serum Creatinine
- Serum TSH
- Immunoglobulins
- Testosterone, LH & SHBG (men)

Lifestyle Advice

- Adequate nutrition especially with calcium and vitamin D
- Regular weight bearing exercise
- Avoid smoking and alcohol abuse

Prevention and Treatment of Osteoporosis

Goal for treatment is to reduce fractures in the most cost-effective manner with the fewest side effects.
Treatment should be chosen according to likelihood of patient compliance / acceptability of side effect profile and ease of medication regime.

Non-vertebral Osteoporosis (i.e. non-vertebral fracture and/or low BMD at the hip)

- Alendronate 70mg once weekly or, Risedronate 35mg once weekly*
- HRT (see BNF for dose of various HRT products)

Vertebral Osteoporosis (i.e. vertebral fracture and/or low BMD at the hip)

- Alendronate 70mg once weekly or, Cyclic etidronate 400mg daily for 14 days followed by 500mg calcium daily for 76 days and repeat cycle or, Risedronate 35mg once weekly*
- HRT (see BNF for dose of various HRT products)
- Raloxifene 60mg daily

Vertebral and Non-vertebral Osteoporosis

- Treat as non-vertebral osteoporosis

Pain Management

- Stepped analgesia according to level of pain

Other Therapies

- Other therapies licensed for treatment of postmenopausal osteoporosis include calcitriol 0.25 micrograms twice daily (requires regular monitoring of serum Ca) and calcitonin.

*Currently Risedronate is not licensed for use in men.

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Antifracture Efficacy of Interventions in Postmenopausal Osteoporotic Women - Strength of Evidence

Fracture Site Treatment	Vertebra	Non-Vertebral	Hip
Alendronate	A	A	A
Calcitonin	A	B	B
Calcitriol	A	A	nd
Calcium	A	B	B
Calcium + vitamin D	nd	A	A
Cyclic Etidronate	A	B	B
Exercise	nd	B	B
HRT	A	A	A
Raloxifene	A	nd	nd
Risedronate	A	A	A

A : Randomised controlled trial (RCT)

B : Well designed controlled study without randomisation or quasi experimental study or well designed non experimental study

nd : not demonstrated

Duration of Treatment

Lifestyle measures and calcium / vitamin D supplementation should be continued indefinitely. Specific treatment to reduce fracture risk should be given for a minimum of 5 years. The effect of long term treatment on bone mass and fracture risk is unknown.

Helplines

The National Osteoporosis Society Telephone 01761 471771
Camerton, Telephone Helpline 01761 472271
Bath Website : www.nos.org.uk
BA2 OPJ
Hope Hospital Osteoporosis Helpline : 0161 206 1060

References

Osteoporosis: Clinical guidelines for prevention and treatment. Royal College of Physicians / Bone and Tooth Society of Great Britain, July 2000

Authors

Osteoporosis Guideline development group, November 2002