Guideline: Management and Prevention of Osteoporosis

Released: January 2018

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Assessment:
Calculate FRAX to assess future fracture risk and to identify patients for BMD testing. Record result.

Perform bone mineral density (BMD) testing using DXA for:
- White women ≥ 65 years regardless of risk factors
- Men/women with fracture risk (10-year probability of fracture using FRAX ≥ 9.3%)
- On corticosteroids
- Transplant

Patient Selection for Pharmacological Management Based on Risk
- Treat patients on corticosteroid therapy with a T-score ≤ -1.0.
- Treat patients with a history of an osteoporotic fracture or fracture of the hip or spine.
- Treat patients without a history of fractures but with a T-score of -2.5 or lower.
- Treat patients with a T-score between -1.0 and -2.5 if FRAX major osteoporotic fracture probability is ≥ 20% or hip fracture probability is ≥ 3%.

Pharmacological management:
Consider oral bisphosphonate therapy. A drug holiday may be considered after 3-5 years* in low-risk (6-10 years in high-risk).

Patients with fracture – Diagnosis and Treatment:
Calculate FRAX to predict probability of a major osteoporotic fracture

*J of Bone Metabolism Nov 2015. Drug Holidays and Principles of Monitoring