

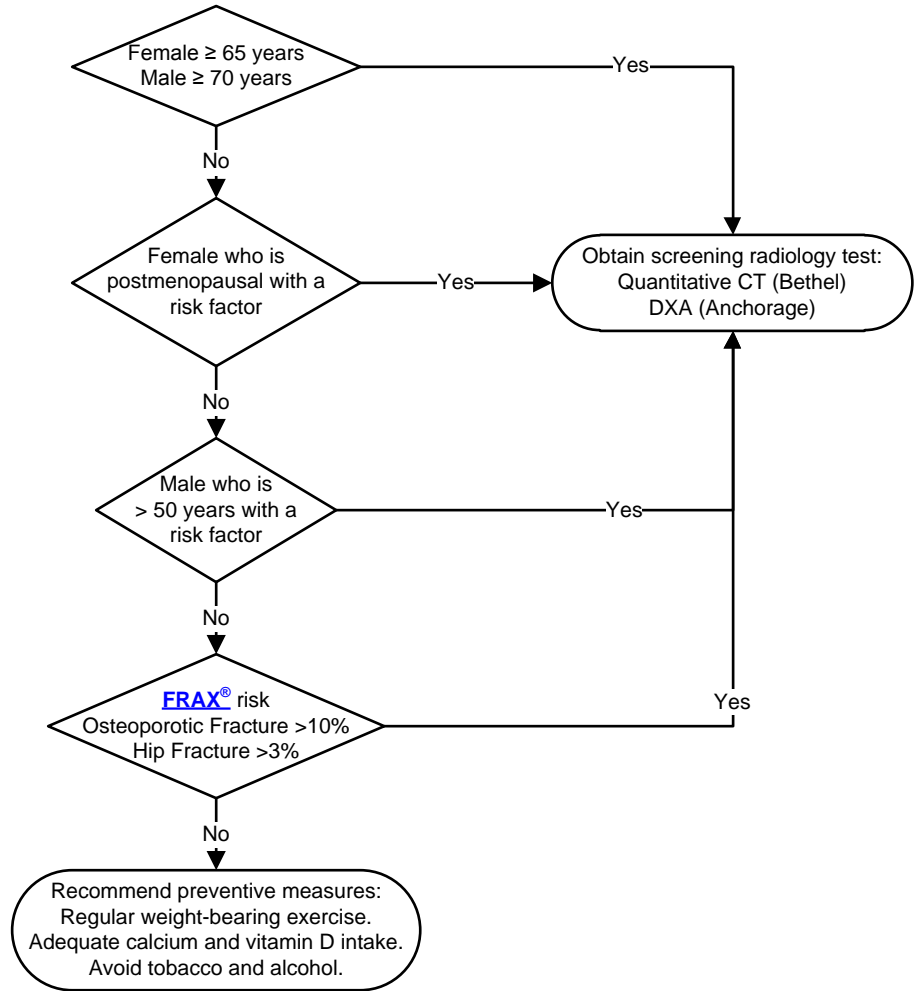


Risk Factors

- Osteopenia on X-ray.
- History of fracture without trauma.
- Tobacco use.
- Excessive alcohol use.
- Height loss more than ½ inch in one year.
- Height loss more than 1.5 inches total.
- At risk medication use (see box below).
- BMI < 20.
- Premature menopause.

At Risk Medications

- Systemic steroids >3 months
- Methotrexate
- Aromatase inhibitor
- Selective estrogen receptor modulator
- Proton pump inhibitor
- Heparin
- SSRI



Recommended Calcium Intake

Age	Sex	RDA mg/day
9-18	M+F	1300
19-50	M+F	1000
51-70	M	1000
51-70	F	1200
>71	M+F	1200

Recommended Vitamin D Intake

Age	Sex	RDA IU/day
14-70	M+F	600
>71	M+F	600

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 9/2/20.

If comments about this guideline, please contact David_Compton@ykhc.org.



Abbreviations

BMD – Bone mineral density
BTM – Bone turnover markers
FRAX® – Risk scoring algorithm

FRAX® High Risk for Fracture

10 year risk of major osteoporotic fracture ≥ 20% or hip fracture risk ≥ 3%.

If patient has one or more of the following:

- Lumbar spine or femoral neck or total hip T score ≤ -2.5
- CT bone density < 80 mg/cm³
- History of a fragility fracture
- High **FRAX®** fracture probability

Some Secondary Causes of Osteoporosis

- Drugs
- GI-related illness
- Bone marrow disease
- Endocrine disorder
- Organ transplant

Evaluate for secondary causes of osteoporosis.

Correct calcium/vitamin D deficiency and address secondary causes of osteoporosis.

Educate patient on lifestyle measures, fall prevention, and benefits and risks of medications.

Obtain dental evaluation of and treatment for risk of osteonecrosis of jaw.

Consider endocrinology consultation.

Prior fragility fracture

Start alendronate.

Start zoledronic acid or denosumab.

Reassess at least yearly.

Place note in RAVEN that includes autotext “..OsteoporosisPreTreat” at least two weeks prior to visit for medication.

Worsening?

Assess compliance. Reevaluate for secondary causes of osteoporosis.

Reassess at least yearly.

No

Yes

Switch to zoledronic acid or denosumab.

Consult adult endocrinologist.

Worsening?

No

Consider drug holiday after six years with zoledronic acid.

Consider drug holiday after five years.

Resume therapy when fracture occurs, BMD declines, or BTM rises.