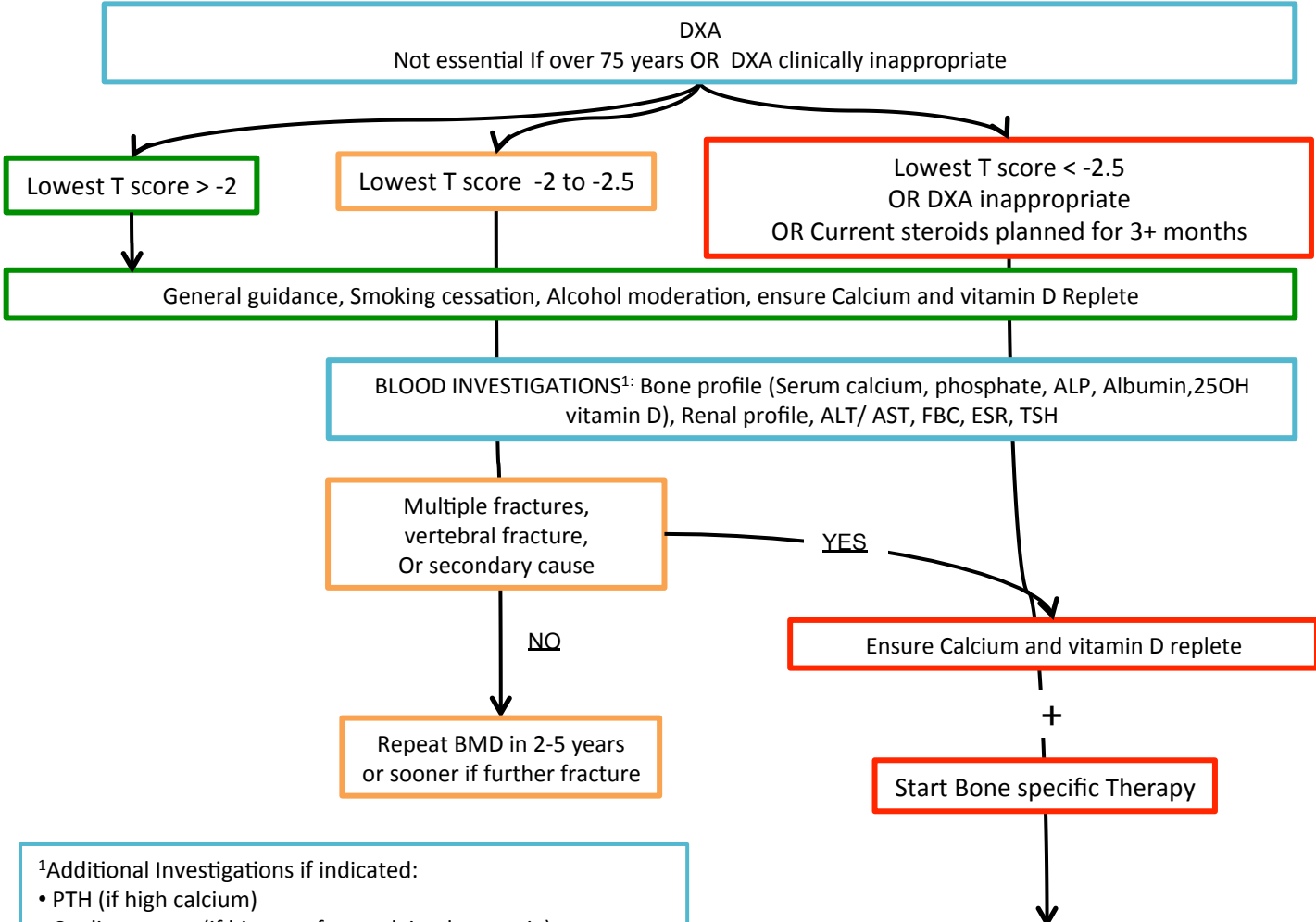




Management of men and women over 50yrs who have sustained a fragility fracture: 2012 guidance

Fragility fracture definition:
 Fracture site excluding fingers, toes, scaphoid and skull
 Fracture force excluding major RTA or fall from more than 6 feet



- ¹Additional Investigations if indicated:
- PTH (if high calcium)
 - Coeliac screen (if history of unexplained anaemia)
 - Serum & urine electrophoretic strip (if unexplained high ESR)
 - 24 hour urinary calcium (if high calcium/ renal stones)
 - Serum testosterone, LH and SHBG, PSA (Men)
 - 24 hour urinary cortisol

Secondary causes including:
 Smoker, Alcohol >3 units, parental hip fracture
 Inflammatory arthritis including Rheumatoid
 Inflammatory bowel disease
 Chronic liver disease, Malabsorption
 Hypogonadism, Menopause < 45 years
 Type I diabetes, Multiple sclerosis, Parkinsons Disease

DURATION OF THERAPY:

Oral agents:

- Assess adherence @ 3mth then annually
- Review treatment after 5 years
- At end of treatment cycle consider:
 - Continuing for 10yr total if DXA still < -2.5, on steroids, more fractures
 - Repeat DXA/ bone markers/ Frax
 - Else 2-5 years off treatment
- Zoledronate/ Dmab: 3 yrs then reassess

- INDICATIONS for Referral to bone clinic:**
1. Pre-menopausal women with fragility fracture
 2. Men under the age of 60 years with fragility fracture
 3. Multiple fragility fractures with BMD >-2
 4. Fragility fractures with complex medical diseases including cancer therapies and kidney disease.
 5. Worsening painful vertebral fractures for more than 6 weeks

Bone markers if available:
 Serum PINP or Fasting serum CTXI



Medical management of men and women over 50yrs who have sustained a fragility fracture: 2011 guidance

Alendronate for 5-10 yrs
70mg once a week
+ **With Ca + Vit D**

Prescriber:
Ask about swallowing, dyspepsia
Check GFR/eGFR
discuss administration /compliance
discuss potential side effects

Compliance review at 3 months

COMPLIANT – continue for 5 yrs and review compliance annually

NON Compliant

Re-education and additional support

NON Compliant after further 3 months of support

Risk assess need for treatment

Benefit of treating outweighed by poor compliance / side effects

Treat as intolerant

Intolerant to Alendronate

Side effect: Dyspepsia

Side effect: Swallowing issue

Risedronate
OR Strontium
OR Zoledronate
OR Denosumab

OR Strontium
OR Zoledronate
OR Denosumab

Fracture after one year of adherent therapy (see specific pathway)

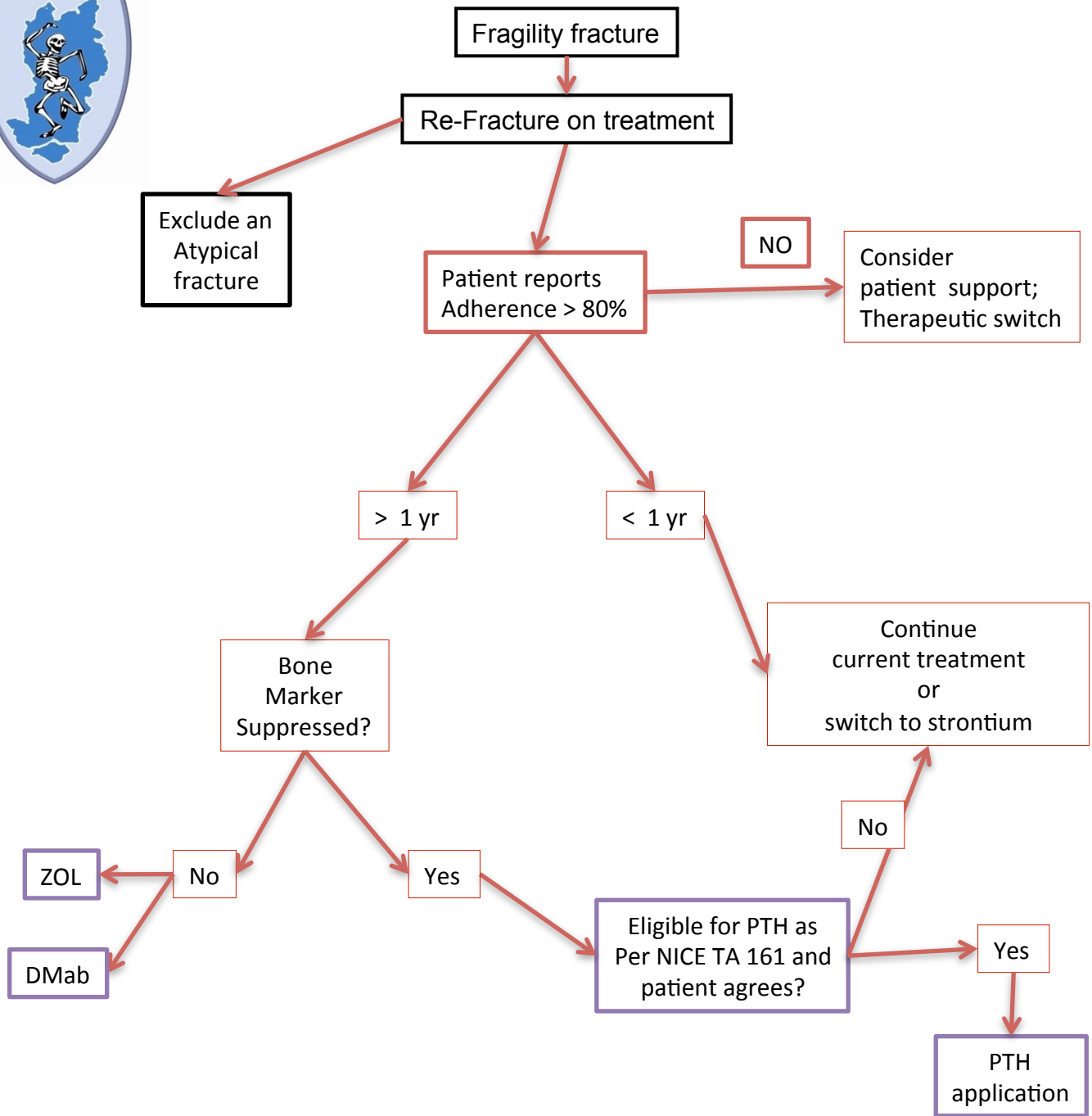
Bone marker suppressed

Bone marker non-suppressed

Continue
OR Teriparatide
OR strontium

Zoledronate
OR Denosumab

Bone markers:
Serum PINP or
Fasting serum CTXI



Bone markers:
1. Serum PINP or Fasting serum CTXI
2. Taken within 48 hours of fracture
3. Suppressed according to local ranges