NHS South Yorkshire Integrated Care Board

Osteoporosis Management in Primary Care -Summarised Pathway

Step 1 – FRAX assessment

1. Perform FRAX test
frax.shef.ac.uk/FRAX/tool.aspx?country=1
In appropriate groups of people
Test for FRAX if: -
>50 yrs with risk factors /fragility #
<50 yrs on steroids (see guidelines)
Drugs - Depo- progesterone /PPI/anti-epileptic drugs

2. FRAX result interpretation
Depending on FRAX score:
Reassure
OR
Referral for DXA
OR
Start Tx with bisphosphonate AND refer for DXA

The FRAX graph will guide you as to which of the above options to take.

Specialist Advice if osteoporosis:
in premenopausal woman / men / eGFR<30ml/min/unsatisfactory response- recurrent fractures beyond 2 yrs of Tx / intolerance of oral Rx
Hypercalcaemia- referral to endocrinology

Step 2 – DXA and other investigations

3. DXA Performed
- Bone mineral density BMD assessed.
- FRAX recalculated.
- Calcium/Vit D must be in normal range when DXA requested

4. Patient returns to GP
a. Exclude secondary causes of osteoporosis (see tests below)
b. Commence bone protection treatment as directed by FRAX assessment.
c. Ensure dental checks up to date and dental extractions done before bisphosphonate commencement.
d. Referral to falls clinic if osteoporosis and recurrent falls

Investigations:
Vitamin D
(essential it is in normal range)
Bone profile
(Calcium essential it is in normal range)
FBC / ESR (myeloma screen if elevated)
LFT
Serum Cr/eGFR
TFT
Coeliac screen
Premenopausal women FSH/LH
Men-Serum testosterone
LH / FSH / SHBG
PTH (if Calcium abnormal)

Step 3 – Bisphosphonates

5. Calcium and Vit D replacement
(see formulary**)
1st line Calci-D chewable tablets
2nd line AccreteD3tabs/Adcal D3 caplets
Commence bisphosphonates
(CI to Oral bisphosphonates - eGFR< 30, upper GI ulceration/inability to sit upright 30-60 min, hypocalcaemia - (see BNF)
1st Line alendronic acid
2nd Line risedronate sodium
3rd line / 4th line see APC guidelines**
Denosumab – see shared care guidelines
AND give patient leaflet

6. At 3 months check compliance of bisphosphonate use
- 30 minutes before breakfast
- Take with glass of water.
- No lying down for 30 minutes
- Check Calcium/Vit D compliance.

7. At 6 months check effectiveness of bisphosphonates
- Check side effects
-**jaw necrosis**- (reminder regular dental checks / optimal dental care)
- **atypical hip #-** (grumbling new hip/upper thigh pain / subtrochanteric cortical bump- needs pelvic X ray to exclude subtrochanteric #)
-**auditory osteonecrosis**- (recurrent ear infections)
A+G/refer if necessary

Refer/Advice and guidance
RHEUMATOLOGY DEPT Barnsley
BONE UNIT - Sheffield Teaching

Step 4 – Continuation OR PAUSE in Bisphosphonate Tx

see Osteoporosis drug holiday guidelines **

8. HIGH RISK patients
-Previous # of the hip/vertebrae
-OR > 75 yrs of age
Continue Tx 10 years for alendronic acid / 7 years for risedronate
-on prednisolone≥ 7.5mg/day
when steroid stopped- stop bisphosphonate and reassess need to continue Tx

9. IF NO FRAGILITY # while on Tx
THEN Reassess with DXA and FRAX after 5 yrs of oral Tx / 3 yrs iv Tx
(reassess ANY patient already on Tx > 5 yrs)

9a. HIGH RISK IF
FRAX > intervention threshold
OR HIP BMD T score < -2.5
Continue Bisphosphonate Tx

9b. LOW RISK IF
FRAX < intervention threshold
AND BMD T score > -2.5
CONSIDER DRUG TREATMENT PAUSE
Repeat FRAX AND BMD at 2 yrs
restart Tx if – T score ≤ -2.5/new # / significant decrease in BMD

10.If a NEW fragility # while on Tx:
IF < 2 yrs of bisphosphonate Tx
then continue same Tx
IF > 2 yrs of bisphosphonate Tx
THEN REFER

Note: DEXA must only be requested if Calcium / Vit D in normal range

**references- Management of osteoporosis and fracture risk/Osteoporosis drug holiday /Ca and Vit D formulary

Produced by: Dr Atcha Date approved: 11th October 2023 Barnsley APC (minor amendment April 2024) Review date: October 2026