MANAGEMENT OF OSTEOPOROSIS

NON-PHARMACOLOGICAL MANAGEMENT

A Postmenopausal women should aim for a dietary intake of 1000mg calcium per day

B High intensity strength training is recommended as part of a management strategy for osteoporosis

C Low impact weight bearing exercise is recommended as part of a management strategy for osteoporosis

D Ipriflavone should not be used as a sole therapy for fracture reduction in patients with osteoporosis

HORMONE REPLACEMENT THERAPY

Use of HRT can be considered as a treatment option for osteoporosis but the risks and benefits should be discussed with each individual woman before starting treatment

Quick Reference Guide

Management of osteoporosis

RISK FACTORS FOR OSTEOPOROSIS

- Previous history of fracture
- Female sex
- Age >60 years
- Family history of osteoporosis
- Caucasian or Asian origin
- Early menopause
- Low Body Mass Index (BMI = kg/m²)
- Smoking
- Sedentary lifestyle
- Long term (≥3 months) corticosteroid use

DIAGNOSIS OF OSTEOPOROSIS

A Bone Mineral Density (BMD) should normally be measured by DXA scanning performed on two sites, preferably AP spine and hip

B Repeat measurements should only be performed if they influence treatment

C If DXA investigations are repeated, AP spine and total hip measurements should be used to follow response to treatment

Details of the supporting evidence and the full guideline are available on the SIGN website. This guideline was issued in 2003 and will be considered for review in 2007.

SIGN Executive
Royal College of Physicians
9 Queen Street
Edinburgh EH2 1JQ
www.sign.ac.uk

© Scottish Intercollegiate Guidelines Network, 2003
Choosing Drug Therapy

IN MEN & WOMEN
≥ 60yr + Fracture

Vertebral Fracture

≥2 Vertebral Fracture

DXA not essential
BUT EXCLUDE
tumour/myeloma

Femoral Neck
T-1 to -1.59
or
Lumbar Spine
T-1 to -1.99

Alendronate* + Ca ± vit D
Risedronate* + Ca ± vit D
Raloxifene**♀ + Ca ± vit D
Cyclical Etidronate**
Calcitonin** + Ca ± vit D
If none of the above,
1-1.2g Ca+ 800 IU vit D
+ Optimise lifestyle (all)

Non-Vertebral Fracture

1 Vertebral Fracture

DXA

Femoral Neck
T-1 to -2
or
Lumbar Spine
T ≤ -2

Alendronate* + Ca ± vit D
Risedronate* + Ca ± vit D
Raloxifene**♀ + Ca ± vit D
If none of the above,
1-1.2g Ca+ 800 IU vit D
+ Optimise lifestyle (all)

If T ≤ -1.5
Consider
repeat DXA 5yr later; optimise
Ca intake
& lifestyle

DXA

Femoral Neck
T-1 to -2.49
or
Lumbar Spine
T-1 to -1.99

If T ≤ -1.6
Consider
repeat DXA 5yr later; optimise
Ca intake
& lifestyle

Femoral Neck
T ≤ -2.5
or
Lumbar Spine
T ≤ -2

This is a summary of treatment options, the user should refer to the full guideline for detailed information.

* = Vertebral and Non-Vertebral Fracture Risk Reduction
** = Reduction in Vertebral Fracture Risk
♀ = Suitable for women only