



FAST FACTS

A message for health care providers



Overview of Osteoporosis Diagnosis and Treatment for Adults

1. Counsel all individuals on the risk factors for osteoporosis.

Osteoporosis is a “silent” risk factor for fracture; nearly 1 in 2 women and 1 in 4 men will experience an osteoporosis-related fracture at age 50 or older.

2. Perform Bone Mineral Density (BMD) testing for the following at-risk populations:

- Women aged 65 and older
- Postmenopausal women under age 65 with risk factors (family history of osteoporosis, small and thin, smoking)
- Men age 70 and older
- Adults who fracture a bone after age 50 or have height loss of more than 1 ½ inches
- Adults over age 50 with a disease or condition associated with low bone mass or bone loss
- Adults over age 50 taking medications associated with low bone mass or bone loss
- Pre-menopausal women or men under age 50, with suspicion of osteoporosis

Central measurement at the hip and spine by Dual x-ray absorptiometry (DXA) is considered the gold standard for diagnosis and treatment monitoring.

3. Counsel all patients on strategies to promote bone health including the following:

- Advise all patients to eat a varied, nutrient rich diet including generous amounts of fruits and vegetables.
- Counsel all patients to obtain the recommended dietary allowance (RDA) for calcium (1000 to 1200 mg a day), preferably from food sources, and to include calcium supplements only if necessary.
- Recommend vitamin D intakes of 600 to 800 IU per day for healthy adults; this usually requires supplementation. Patients with osteoporosis typically require more vitamin D.
- Advise patients to avoid smoking and to limit alcohol intake.
- Educate patients about safety precautions to reduce the risk of falls and related fractures.
- Recommend regular physical activity including weight bearing, muscle strengthening, postural, and balance exercises. Consider a physical therapy consultation for patients with osteoporosis, history of falls, and/or fracture.
- When appropriate, prescribe FDA-approved medications for osteoporosis.

FDA Approved Osteoporosis Medications

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| <ul style="list-style-type: none"> • Bisphosphonates: <ul style="list-style-type: none"> • Alendronate (Fosamax) • Ibandronate (Boniva) • Risedronate (Actonel, Atelvia) • Zoledronic acid (Reclast) | <ul style="list-style-type: none"> • Calcitonin (Fortical or Miacalcin) • Denosumab (Prolia) • Estrogen/Hormone Therapy • Teriparatide (Forteo) • Raloxifene (Evista) |
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4. Select the following candidates for treatment with FDA-approved osteoporosis medications:

- All postmenopausal women and men who present with vertebral or hip fracture
- Persons with a T-score \leq -2.5 at the femoral neck or spine after evaluation to exclude secondary causes
- Low bone mass (T-score between -1.0 and -2.5 at the femoral neck or spine) and a 10-year probability of a hip fracture \geq 3% or a 10-year probability of a major osteoporosis-related fracture \geq 20% based on the US-adapted WHO algorithm in patients over 50 and not currently on osteoporosis medication (FRAX: www.sheffield.ac.uk/FRAX)
- Clinician’s judgment and/or patient preferences may indicate treatment for people with 10-year fracture probabilities above or below these levels

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