


NHS Forth Valley
Guideline for the Initiation of Osteoporosis Treatment
in Patients Age 50-74 years
presenting with Fragility Fracture.



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UNCONTROLLED WHEN PRINTED

Consultation and Change Record

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Consultation Process:	Falls Prevention and Bone Health Strategy Group
Distribution:	The guidance will be available on the NHS Forth Valley Pharmacy intranet pages and will link with the Clinical Effectiveness intranet page to ensure accessibility. Training sessions will also be arranged at ward level to raise awareness of the guidance and promote compliance.
Change Record	

Guideline for the Initiation of Osteoporosis Treatment in Patients Age 50-74 Years Presenting with Fragility Fracture

Background

One in three women and one in twelve men in the UK has osteoporosis which can lead to fractures, deformity, pain and disability, with an attendant cost to the NHS.^{1,2,3,4,5}

A number of retrospective studies have indicated that previous fracture increases the risk of subsequent fracture. This has important clinical implications and demonstrates the need for identification and intervention for the older person presenting with a fragility fracture.

A fragility fracture is defined as a fracture, following a fall from standing height, which would not be expected to cause a fracture in healthy bone.

Commence Adcal D3 one tablet morning and tea time

- Prescribing:** Preferably as a split dose^{3,6}. The two tablets may be taken as a single dose if compliance is an issue/interacting medication – see below.
- Contraindications:** Hypercalcaemia, hypercalciuria or renal stones.
Severe renal impairment
Hyperparathyroidism
- Counselling:** Calcium may reduce absorption of levothyroxine, bisphosphonates, sodium fluoride, quinolone or tetracycline antibiotics or iron^{3,6,7}
If patient taking quinolone or tetracycline antibiotics avoid calcium two hours before and after dose of antibiotic.
If the other listed medications are suspected as having an interaction a general precaution is to allow a minimum period of four hours before taking the calcium.

AND

Patients with a fragility fracture in this age group (50-74 years) will require a DEXA scan to determine if they should be treated with bisphosphonates as well as calcium/vitamin D.

On the discharge letter if the patient has not had a DEXA scan (in the last 3 years) ask the GP to arrange one at the Golden Jubilee Hospital and to add Alendronic acid 70mg weekly if the patient has osteoporosis on the DEXA scan.

If there is a definite diagnosis of osteoporosis from a previous DEXA scan (i.e. T score < -2.5) then please ensure the patient is prescribed bisphosphonate therapy (see below) as well as calcium and vitamin D at the time of discharge. Some of this group will have come into hospital already on a bisphosphonate and this should be continued at the time of discharge.

Commence Alendronic Acid 70mg once weekly

Prescribing: At a time at least 30 minutes before breakfast and any other morning medication on the same day of each week^{3,6}

Contraindications: Active dysphagia, oesophageal stricture or achalasia.
Swallowing difficulties after stroke.
Bedbound and unable to sit up right.
AMT <7/10 and no caregiver available to supervise administration.
Hypocalcaemia
Creatinine Clearance <30ml/min

Risedronate 35mg once weekly is also contraindicated if creatinine clearance is <30ml/min but there is information to suggest it can be used if creatinine clearance is between 20-30ml/min (unlicensed use)⁸. It may also be used if the patient experiences minor GI symptoms (dyspepsia, nausea, constipation, etc) while on Alendronic Acid.

Counselling: Advise to swallow tablet whole first thing in the morning with a full glass of water on an empty stomach at least 30 minutes before breakfast (and any other oral medication). Remain upright for **at least 30 minutes** after taking tablet.

Patients should be instructed that if a dose is missed on their usual day the tablet should be taken on the day next remembered. Patients should then return to taking one tablet once a week on the day the tablet is normally taken. Two tablets should **not** be taken on the same day.

If a bisphosphonate is not appropriate, please refer to the current addition of the Forth Valley medicines formulary for alternative treatment options. For those patients whom IV therapy is the preferred option, please discuss with a specialist.⁹

References

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3. BNF 56th edition. BMJ Group, RPS Publishing, London, 2008 .
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7. Stockley's Drug Interactions 8th edition. Pharmaceutical Press. London 2008.
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9. Scottish Medicines Consortium advice March 2008, 447/08

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