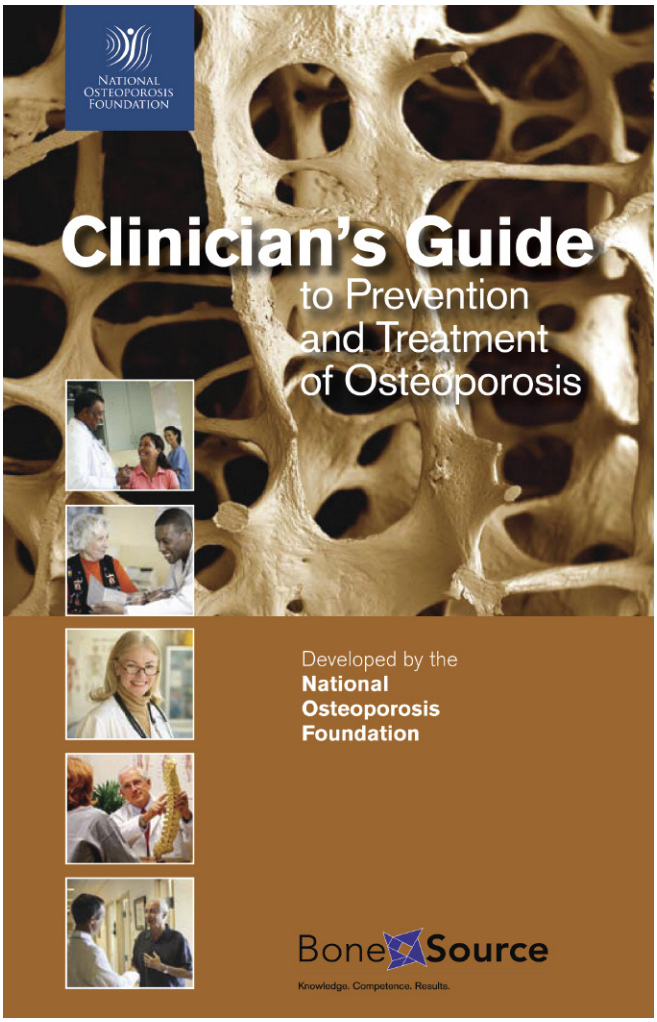
Revised Osteoporosis Guidelines

The National Osteoporosis Foundation (NOF) *Clinician's Guide to Prevention and Treatment of Osteoporosis* has been revised to incorporate the World Health Organization's (WHO) absolute fracture prediction algorithm (FRAX®), a computer-based tool that is expected to increase the identification of patients at risk for osteoporosis. The revised guidelines now apply to men over 50 and postmenopausal non-Caucasian women, including African-Americans, Asians, and Latinas.

Synopsis of Major Recommendations to Clinicians

Recommendations apply to postmenopausal women and men aged 50 and older.

- Counsel residents about the risk of osteoporosis and related fractures.
- Check for secondary causes.
- Advise residents to get adequate amounts of calcium (at least 1200 mg per day) and vitamin D (800-1000 IU per day) including supplements if necessary. This recommendation applies for all individuals aged 50 and older.
- Recommend regular weight-bearing and muscle-strengthening exercise to reduce the risk of falls and fractures.
- Advise residents to avoid tobacco smoking and excessive alcohol intake.
- In women aged 65 and older and men aged 70 and older, recommend bone mineral density (BMD) testing.
- In postmenopausal women and men aged 50 to 69, recommend BMD testing when you have concern based on their risk factor profile.
- Recommend BMD testing to those who have had a fracture to determine the degree of disease severity.
- Initiate treatment in those with hip or vertebral (clinical or morphometric) fractures.
- Initiate therapy in those with BMD T-scores of –2.5 or less at the femoral neck or spine by dual-energy x-ray absorptiometry (DXA), after appropriate evaluation.
- Initiate treatment in postmenopausal women and men aged 50 and older with low bone mass (T-score between –1.0 and –2.5, osteopenia) at the femoral neck or spine and a 10-year hip fracture probability of 3% or more or a 10-year major osteoporosis-related fracture probability 20% or more, based on the US-adapted WHO absolute fracture risk model (FRAX™; available at www.NOF.org and www.shef.ac.uk/FRAX).



- Current FDA-approved pharmacologic options for osteoporosis prevention and treatment are bisphosphonates (alendronate, ibandronate, risedronate, and zoledronic acid), calcitonin, estrogens or hormone therapy, parathyroid hormone (teriparatide), and the estrogen agonist/antagonist (raloxifene).
- BMD testing performed in DXA centers using accepted quality assurance measures is appropriate for monitoring bone loss. For residents on pharmacotherapy, it is typically performed 2 years after initiating therapy and every 2 years thereafter; however, more frequent testing may be warranted in certain clinical situations.

Access the full revised *Clinician's Guide* at http://www.nof.org/professionals/NOF_Clinicians_Guide.pdf. ALC