**Osteoporosis**

**Referral to Integrated MSK Service (FLS)**

For further support regarding Osteoporosis

For patients who need consideration for alternative medications

**Referral to Consultant Rheumatologist**

For patients where oral bisphosphonate is not tolerated or contraindicated

For patients who continue to fracture despite adherence to oral bone medication, having ruled out secondary causes of Osteoporosis

**Refer to Integrated MSK Service (General Physiotherapy)**

For specific MSK reasons

**Refer to Integrated MSK Service (Pain)**

For pain management

**Referral to falls intervention**

[https://www.sussexcommunity.nhs.uk/services/falls-and-fracture-prevention](https://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16307)

**Management**

Patient education and advice (lifestyle and dietary)

Simple analgesics in line with agreed formularies

Psycho-social support

Consider treatment with 1st line bone protection/oral bisphosphonate

[https:/www.nice.org.uk/guidance/Bisphosphonates](https://www.nice.org.uk/guidance/TA464)

If intolerant to first oral Bisphosphonate trial a second oral bisphosphonate

Vitamin D supplementation as per guidelines

<https://cks.nice.org.uk/vitamin-d-deficiency-in-adults-treatment-and-prevention#!scenario>

Do not repeat DEXA for 2-3 years and then only if likely to affect management.

Reassess FRAX after 5 years, or before if patient fractures on treatment.

Assess patients who fracture and > 2 years on treatment:

Check compliance with medications

Re-evaluate treatment choice

**Investigations:**

DEXA if indicated following FRAX.

Thoracic and lumbar spine (lateral) X-ray if indicated.

BMI

If low bone density consider: FBC, ESR, U&E, LFT, TSH, CRP, bone profile, Vitamin D

All patients with new vertebral fractures to have serum electrophoresis and serum free light chains

Consider coeliac, PTH, serum testosterone, sex hormone binding globulin, follicle stimulating hormone, lutenizing hormone, serum prolactin, 24 hour urinary free cortisol, 24 hour urinary calcium depending on clinical picture.

Investigate for renal disease and urinary calcium (urinalysis)

Testosterone level is also recommended for men under 65yrs of age.

If no obvious reason for a low bone density (especially in men) consider further investigations or referral to secondary care

PMH/Co-morbidities

Function: ADLs

Yellow flags (psycho-social): Work, relationships, leisure, QOL

Assess for fragility fracture: A fragility fracture is a fracture occurring from a fall from standing height or less or a vertebral fracture during normal daily activities

Exclude secondary causes of Osteoporosis

Calculate FRAX

<https://www.sheffield.ac.uk/FRAX/>

Consider NOGG guidelines

<https://www.sheffield.ac.uk/NOGG/>

Rule out

Red flags