Guidelines for the Secondary Prevention of Osteoporotic Fragility Fractures in Post-Menopausal Women

1.0 Introduction

This guideline is based on NICE technological appraisal No 161 – Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women, published in October 2008 and NICE technological appraisal No 204 - Denosumab for the prevention of osteoporotic fractures in postmenopausal women, published in October 2010.

2.0 Purpose

To ensure any postmenopausal females suffering an osteoporotic fragility fracture while an inpatient are treated in line with the NICE guidance if appropriate.

3.0 Scope

This guidance applies to all inpatient postmenopausal females who suffer an osteoporotic fragility fracture, including of the vertebrae.

4.0 NICE guidance

This guidance covers the secondary prevention of osteoporotic fragility fractures in postmenopausal women who have sustained a clinically apparent osteoporotic fracture. Osteoporosis is defined by a T-score of -2.5 standard deviations (SD) or lower on dual-energy X-ray absorptiometry (DXA) scanning. However, the diagnosis can be assumed in women aged 75 years or older if the responsible clinician considers a DXA scan to be clinically inappropriate or unfeasible.

This guidance assumes that women who receive treatment have normal calcium levels and/or vitamin D levels. Unless clinicians are confident that women who receive osteoporosis treatment have an adequate calcium intake and are vitamin D replete, calcium and/or vitamin D supplements should be provided.

This guidance does not cover the treatment of corticosteroid-induced osteoporosis or women with normal bone mineral density (BMD) or osteopenia (T-score between -1 and -2.5 SD below peak BMD).

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It is usually assumed that treatment will be initiated and reviewed by a specialist but guidance on treatment options can be found in the NICE guidance:


2.0 The procedure

2.1 Any inpatient or resident who suffers a new osteoporotic fracture must either be:

- Transferred to an acute trust
- Referred for an urgent rheumatology outpatient appointment (vertebrae)

2.2 On return to the ward the notes must be checked to clarify whether the fracture has been defined as an osteoporotic fragility fracture or whether further investigations are planned.

2.3 If the notes do not clearly indicate that:

- This is not an osteoporotic fragility fracture
- Further investigations have been arranged
- It is an osteoporotic fragility fracture and clear treatment plans are in place.

then the acute trust team must be contacted by the medical team to confirm what actions need to be taken.

2.4 If the patient is subsequently discharged back to their GP ensure the treatment plan is included in the discharge summary.

2.5 Flow charts are available summarizing this policy for both continuing care and other inpatients (appendices 1 + 2)

3.0 References and linked protocols

3.1 NICE TA 161. Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women (amended)

3.2 NICE TA 204. Denosumab for the prevention of osteoporotic fractures in postmenopausal women.

3.3 Trust Protocol for the Prevention and Management of Falls in Older People.

Flow Chart for Continuing Care Clients

Continuing care postmenopausal females

Client has an osteoporotic fracture.

Admit to acute hospital or refer urgently to an outpatient clinic

On return from hospital confirm in notes whether diagnosed as an osteoporotic fragility fracture

Has preventative treatment been initiated (unless already on it)

Is it clear that this was not an osteoporotic fragility fracture?

Are further investigations planned?

No preventative treatment needed

Continue

Contact acute trust team to clarify diagnosis/treatment

Implement preventative treatment if appropriate
Appendix 2

Flowchart for Inpatients who are not Continuing Care

Female postmenopausal inpatients other than continuing care

Client has an osteoporotic fracture

Admit to acute hospital or refer urgently to an outpatient clinic

Patient returns to ward

Assume acute trust/GP implementing guidance

Is it clear that this was not an osteoporotic fragility fracture

No

On return from hospital confirm in notes whether diagnosed as an osteoporotic fragility fracture

Has preventative treatment been initiated (unless already on it)

Yes

No preventative treatment needed.

No

Are further investigations planned?

Contact acute trust team to clarify diagnosis/treatment

Implement preventative treatment if appropriate

Continue

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