Guidelines for the Management of Suspected Osteoporotic Fragility Fractures in Inpatients

**KEY GUIDELINE ISSUES:**

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

If you require this document in an alternative format, i.e. easy read, large text, audio or Braille please contact the pharmacy team on 01243 623349.
1.0 Introduction

Treatments are available to help prevent secondary fragility fractures. Patients at particular risk of a fragility fracture, including of the vertebrae, are defined by NICE\(^2\) as:

- All women aged 65 years and over and all men aged 75 years and over.
- Women aged under 65 years and men aged under 75 years in the presence of risk factors, for example:
  - previous fragility fracture
  - current use or frequent recent use of oral or systemic glucocorticoids
  - history of falls
  - family history of hip fracture
  - other causes of secondary osteoporosis
  - low body mass index (BMI) (less than 18.5 kg/m\(^2\))
  - smoking
  - alcohol intake of more than 14 units per week.

2.0 Purpose

To ensure any inpatient suffering an osteoporotic fragility fracture is treated in line with the NICE guidance if appropriate.

3.0 Scope

This guidance applies to all inpatients that are suspected of suffering an osteoporotic fragility fracture, including of the vertebrae.

4.0 NICE guidance

There is NICE guidance for assessing the risks of fragility fractures due to osteoporosis (CG146) [https://www.nice.org.uk/guidance/cg146/chapter/1-Guidance](https://www.nice.org.uk/guidance/cg146/chapter/1-Guidance) and on how to treat people at risk (TA464): [www.nice.org.uk/guidance/ta464](http://www.nice.org.uk/guidance/ta464).

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5.0 The procedure

5.1 Any inpatient who suffers a new osteoporotic fracture must either be:

- Transferred to an acute trust
  or
- Referred for an urgent rheumatology out-patient appointment; (newly fractured vertebrae)

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

5.3 Unless the notes clearly indicate that:

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

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

5.4 If the patient is subsequently discharged back to their GP the treatment plan must be included in the discharge summary.

6.0 References and linked protocols

1. NICE TA 464. Bisphosphonates for treating osteoporosis

2. NICE CG 146. Osteoporosis: assessing the risk of fragility fracture

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

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