PCR

PRIMARY CARE RHEUMATOLOGY SOCIETY

Charity Registration No. 327583

Minimum Standard Guidelines for PCR members.

Treatment of osteoporosis can be complex. However, there is a minimum of activity that all practices should be considering.

These are the patients whom you should currently have on treatment (OR HAVE DOCUMENTED THAT IT HAS BEEN OFFERED)

- Corticosteroid Users
- Early Menopause
- Previous osteoporotic fracture

Commence treatment for osteoporosis

HRT - *or* - Bisphosphonates - *or* - Calcitriol

Definitions

Corticosteroids	*Oral prednisolone at greater than 7.5mg if likely to be on this for more than 3 months over age 50 years (or greater than 15mg if under age 50 years).*
Early menopause	*Cessation of ovarian function at age 45 years or younger.*
Osteoporotic fractures	*Fractures sustained from a fall while patient is standing on ground, especially above the age of 60 years, or wedge fracture of spine without major trauma.*

For Patients Over 60 Years Of Age — Any of these treatments can be used as a first choice - the first choice depends on the patient. Factors to be considered include the likelihood of the patient's compliance, acceptability of side effect profile to patient and ease of medication regimen.

For Early Menopause — HRT should be advised.

In Corticosteroid Users — The first choice treatment depends on whether the patient is pre - or post - menopausal.

Other Information

The Elderly

Dietary deficiency of calcium and vitamin D is very common.

As a general measure consider putting Nursing Home elderly on calcium and vitamin D tablets.

The management of osteoporosis is the same although the first choice of drugs may be more influenced by compliance issues.

Assess osteoporosis risk in daughters of any identified case.

The patient's perception of loss of height is usually correct (height measurement is not informative).

SERMs

- Oestrogen receptors are found in Breast, Uterus, Cardiovascular System and Bone.
- Drugs have been developed that have a positive effect on bone and CVS, a neutral effect on uterus and may have a protective effect on breasts.
- These are Selective Oestrogen Receptor Modulators.

General Advice - If in doubt ASK

If you are unclear what to do for an individual patient ask or telephone your local osteoporosis specialist.

AREA FOR LABEL. NAME & CONTACT DETAILS OF LOCAL SPECIALIST

PCR Society, PO Box 42, Northallerton, North Yorkshire DL7 8YG
Telephone/Fax: (01609) 774794

Information for the Patient

The following points should be made to the patient.
(They can be put onto paper for the patient to take away)

Facts About Osteoporosis

- Osteoporosis means thin bones that break more easily.
- It is not painful except when a bone is broken or a vertebra compressed.
- It is very common especially in women.
- Often there is no particular cause.
- The only way it could affect you is if you broke a bone because it got thin.
- We can stop bones getting thinner with treatment.
- Following your treatment regularly will stop this from happening.
- Information leaflets are available from your Doctor or Practice Nurse.

Investigations

Over 90% of women will have no secondary cause. Investigation should not delay treatment.
Investigations you might consider in relevant patients if secondary causes are suspected:

FSH	Detect menopause in hysterectomised women with ovaries conserved
FBC	Malabsorption
Viscosity or ESR	Multiple myeloma
Electrolytes and urea	Renal disease
LFT	Chronic liver disease
TFT	Occult hyperthyroidism or excess replacement in hypothyroidism
Calcium	Hyperparathyroidism
Testosterone	Hypogonadism in men

Up to 50% of males have secondary causes. Specialist referral may be appropriate.

Other Cases

***Once the main at-risk groups have been treated**, the other groups at high risks can be sought.*

Risk Factors Include:

Remember Osteoporosis may occur in those with no risk factors

- Family history
- Alcohol excess
- Hyperthyroidism
- Hyperparathyroidism
- Maternal hip fracture
- Anorexia
- Amenorrhoea (> 6 months)
- Malabsorption
- Smoking

These patients may be considered for treatment if they have multiple risks. They can be considered for DXA scan if available.

DXA Scanning

*Only use if result **will** change management*

DXA not necessary in:
- Women willing to take HRT
- Elderly or frail

DXA may be useful in:
- Women reluctant to take long term therapy
- Patients with risk factors outside the three main groups
- Monitoring response to therapy as up to 20% may not respond

If DXA not available or long delay, do not delay treatment: commence therapy and scan when available

Facts You Should Have Available

Breast Cancer Risk
Expected breast cancer risk in women aged 50-75 years
Never used HRT 45 per 1000
Used for 5 years 47 per 1000
Used for 10 years 51 per 1000
Used for 15 years 57 per 1000

DVT Risk
3 extra cases per 10,000 women per year could be HRT or SERMs related.

Prevalence of Osteoporosis
The lifetime risk of a 50 year old woman sustaining an osteoporotic fracture is about 40%.

In men it is about 13%.

Consequences of Fracture
Hip Fractures -
One in five die following fracture, only 50% of survivors regain independence.