APPENDIX 1. OSTEOPOROSIS: ASSESSMENT AND MANAGEMENT

CLINICAL ASSESSMENT

Patient age is ***≥ 65 years***

OR

Patient is a postmenopausal woman or man >50 **and** has 1 Major *or* 2 Minor Risk Factors

MAJOR RISK FACTORS

Key Predictors (in addition to age)

Fragility fracture after age 40
Vertebral compression fracture
Low BMD
Family history of osteoporotic fracture
Systemic glucocorticoid Rx > 3 months

Other Factors

Malabsorption syndrome
Primary hyperparathyroidism
Propensity to fall
Osteopenia on x-ray
Hypogonadism
Early menopause (before age 45)

MINOR RISK FACTORS

Rheumatoid arthritis
Past history of clinical hyperthyroidism
Chronic anticonvulsant therapy
Low dietary calcium intake
Smoker
Excessive alcohol or caffeine intake
Weight ≤57 kg *or* weight loss ≥10% of weight at age 25
Chronic heparin therapy

BMD Testing by central DXA: Spine & Hip
Note: BMD results should *not* be sole factor in management decisions

Determine **Fracture Risk Category** (Appendix 2)

Low Risk
< 10% absolute risk of fracture

Reassure
Counsel re: bone health (Appendix 4):
- Nutrition: adequate calcium & vit D
- Physical exercise
- Modification of risk factors—smoking, weight, alcohol

Consider repeat BMD in 1–2 years

Moderate Risk
10– 20% absolute risk of fracture

Consider pharmacologic treatment (Appendix 3) on basis of:
- Patient's perception of a serious threat arising from disease (e.g., strong family Hx of osteoporotic fracture) or
- Extra skeletal benefits from some therapeutic agents (e.g., raloxifene)

Repeat BMD in 1–2 years

High Risk
> 20% absolute risk of fracture

Start pharmacologic treatment (Appendix 3)

Counsel re: nutrition and physical exercise (Appendix 4)

Repeat BMD in 1–2 years for response to treatment

Adapted from: Brown JP, Fortier M, Frame H, Lalonde A, Papaioannou A, Senikas V, et al. Canadian consensus conference on osteoporosis, 2006 update. JOGC 2006; 28(2 Suppl 1):S95-S112.

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