



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Management and Prevention of Osteoporosis](#)

Released: January 2018

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Assessment:

Calculate [FRAX](#) to assess future fracture risk and to identify patients for BMD testing. Record result.

Perform bone mineral density (BMD) testing using DXA for:

- White women ≥ 65 years regardless of risk factors
- Men/women with fracture risk (10-year probability of fracture using FRAX $\geq 9.3\%$)
- On corticosteroids
- Transplant

Patient Selection for Pharmacological Management Based on Risk

- Treat patients on corticosteroid therapy with a T-score ≤ -1.0 .
- Treat patients with a history of an osteoporotic fracture or fracture of the hip or spine.
- Treat patients without a history of fractures but with a T-score of -2.5 or lower.
- Treat patients with a T-score between -1.0 and -2.5 if FRAX major osteoporotic fracture probability is $\geq 20\%$ or hip fracture probability is $\geq 3\%$.

Pharmacological management:

Consider oral bisphosphonate therapy. A drug holiday may be considered after 3-5 years* in low-risk (6-10 years in high-risk).

Patients with fracture – Diagnosis and Treatment:

Calculate [FRAX](#) to predict probability of a major osteoporotic fracture

*[J of Bone Metabolism Nov 2015. Drug Holidays and Principles of Monitoring](#)