Pathway from risk factors to pharmacological treatment selection in postmenopausal women over the age of 50

Secondary fracture prevention

Fragility Fracture age ≥50

Hip Fracture

Other Fracture

Vertebral Fracture

DXA scan

Osteopenia T -1.0 to -2.5

Osteoporosis T ≤2.5

Normal T > -1.0

Severe osteoporosis Spine‡

Age ≥65?

Yes

Lifestyle advice
Reassess if risk profile changes

No

Zoledronic acid 18 monthly

Continue for 6 years and review (section 6.4.3)

Zoledronic acid annually

Give 3 infusions and review after 5 years (section 6.5)

Primary fracture prevention

Clinical risk factors age ≥50

Very strong clinical risk factors age <50

Fracture risk assessment

10-year major osteoporotic fracture risk ≥10%?

Yes

Lifestyle advice
Reassess if risk profile changes

No

Osteoporosis T ≤-2.5

Osteopenia T -1.0 to -2.5

Normal T > -1.0

Teriparatide

Transition to antiresorptive on completion of therapy

Continue for 5 years and review (section 6.5)

Continue for 5 years and review (section 6.5)

Decision to stop denosumab therapy?

Yes

Transition to bisphosphonates

No

Continue to 10 years and review

Suitable for oral therapy?

Yes

DXA scan§

No

Adverse effects, poor response or patient preference for parenteral therapy?

Yes

Parenteral bisphosphonate appropriate?

Yes

Continue for 6 years and review (section 6.4.3)

No

Denosumab

‡T -score <-1.5 at any site and two or more grade 2 vertebral fractures on x-ray or spine BMD T score <-4.0

§DEXA scan advisable to obtain baseline BMD but not necessary to initiate treatment; †T -score <-1.5 at any site and two or more grade 2 vertebral fractures on x-ray or spine BMD T score <-4.0