Management of osteoporosis and the prevention of fragility fractures

Figure 3: 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?
  - Lifestyle advice Reassess if risk profile changes
  - 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%?
  - Lifestyle advice Reassess if risk profile changes
  - Normal T > -1.0
  - Transition to antiresorptive on completion of therapy
  - Continue for 5 years and review (section 6.5)
  - Decision to stop denosumab therapy?
  - Continue to 10 years and review

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5 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