



**Notes:**

•FRAX may underestimate shorter term benefits of treatment in older patients, as it is based on 10-year risk. Use clinical judgement

•Fracture risk may be underestimated in certain circumstances, for example with:

1. history of multiple fractures
2. previous vertebral fracture(s)
3. high alcohol intake
4. high-dose oral/systemic glucocorticoids (>7.5 mg prednisolone or equivalent per day for 3 months or longer)
5. other causes of secondary osteoporosis.

•Important factors not included in the risk tool:

1. Living in a care home
2. Use of drugs that may impair bone metabolism (i.e. anti-convulsants, SSRI's, thiazolidinediones, PPI's and anti-retroviral drugs)

•Treatment for osteoporosis in postmenopausal women is summarised in NICE TA 160 and 161;

1. <http://www.nice.org.uk/TA161>
2. <http://www.nice.org.uk/TA160>.

<sup>1</sup>**Bloods:** FBC, U&E, LFT, ESR, CRP, Ca, Phosphate, Alk. Phos, vitamin D, PTH, TFT, tests to exclude suspected secondary causes.

<sup>2</sup>**FRAX:** <http://www.shef.ac.uk/FRAX/>.

<sup>3</sup>**High risk score** = 10 year fracture risk probability of >20% osteoporotic fracture, >3% hip fracture

<sup>4</sup>**Dietary:** <http://www.rheum.med.ed.ac.uk/calcium-calculator.php> .

<sup>5</sup>Consider Vitamin D +/- Calcium supplementation