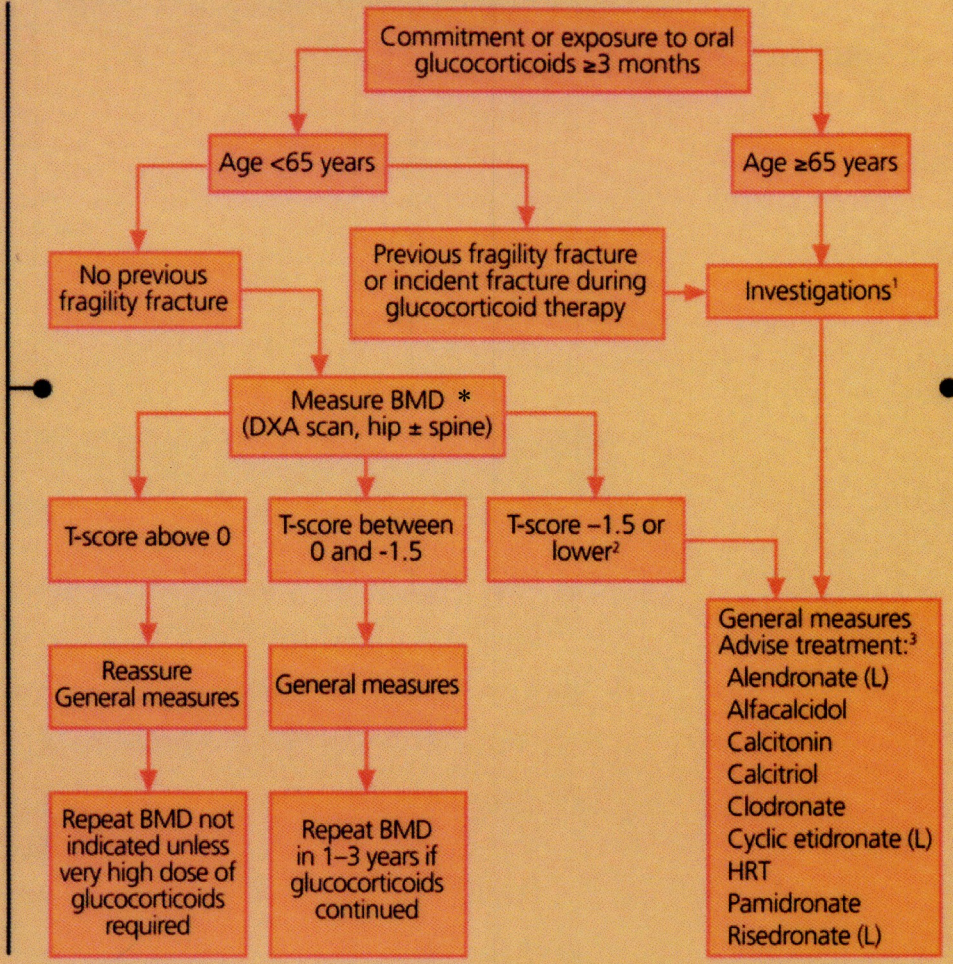
Guidelines for Prevention and Treatment

Fragility fracture

- Defined as a fracture occurring on minimal trauma after age 40 years and includes forearm, spine, hip, ribs and pelvis

General measures

- Reduce dose of glucocorticoid when possible
- Consider glucocorticoid-sparing therapy, eg azathioprine, if appropriate
- Consider alternative route of glucocorticoid administration
- Recommend good nutrition especially with adequate calcium and vitamin D
- Recommend regular weight-bearing exercise
- Maintain body weight
- Avoid tobacco use and alcohol abuse
- Assess falls risk and give advice if appropriate



[1]In patients with previous fragility fracture:

- FBC, ESR
- Bone and liver function tests (Ca,P, alk phos, albumin, ALT/γGT)
- Serum creatinine
- Serum TSH

If indicated:

- Lateral thoracic and lumbar spine X-rays
- Serum paraproteins and urine Bence-Jones protein
- Isotope bone scan
- Serum FSH if hormonal status unclear (women)
- Serum testosterone, LH and SHBG (men)
- Serum 25OHD and PTH
- BMD if monitoring required

[2]Consider treatment depending on age and fracture probability

[3]Treatments listed in alphabetical order. Vitamin D and calcium are generally regarded as adjuncts to treatment. HRT: oestrogen in postmenopausal women and testosterone in men. (L) indicates that the agent is licensed for glucocorticoid-induced osteoporosis

Key abbreviations

ALT	alanine transferase
BMD	bone mineral density
ESR	erythrocyte sedimentation rate
FBC	full blood count
FSH	follicle-stimulating hormone
γGT	gamma glutamyl transferase
LH	luteinising hormone
25OHD	25-hydroxyvitamin D
PTH	parathyroid hormone
SHBG	sex hormone binding globulin
TSH	thyroid-stimulating hormone