

Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: Management and Prevention of Osteoporosis

Released: January 2022

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

Updated recommendations include:

Patients at potential risk for osteoporosis

Identify risk factors

- Added: Medroxyprogesterone use (e.g., Depo-Provera)
- Added: Androgen inhibitor therapy and gonadotropin-releasing hormone agonists and antagonists (e.g., Lupron)
- o Added: Anticonvulsants (e.g., phenytoin, phenobarbital, carbamazepine)

Core Principles of Primary Prevention

- Added: Ensure all patients are receiving adequate dietary calcium and vitamin D. Supplemental calcium and vitamin D are recommended for those who have inadequate dietary intake, unless contraindicated. The benefits of supplemental <u>calcium</u> and <u>vitamin D</u> for those with adequate dietary intake are unclear.
- Linked: https://ods.od.nih.gov/factsheets/Vitamind-healthprofessional/;

Patients requiring therapy to reduce high risk of non-traumatic fractures

[Added Section]: Non-pharmacological Management

- Added: Fall prevention. For a list of techniques see AHRQ fall prevention toolkit.
- Linked: https://www.ahrg.gov/patient-safety/settings/hospital/fall-tips/index.html

Patient Selection for Pharmacological Management Based on Risk

- Added: Consider treating patients on corticosteroid therapy with T-score ≤ -1.0.
 - o Added: [D] level recommendation

Pharmacological Management

- Revised/Added: Optimize dietary <u>calcium</u> (1000-1200 mg/d) and <u>vitamin D</u> (≥ 800 IU/d). Only use supplements if diet is insufficient. Supplementation is suggested in postmenopausal women with osteoporosis to reduce risk of fractures.¹
 - Added link: https://www.osteoporosis.foundation/educational-hub/topic/calcium-calculator
 - Added reference 1: https://jamanetwork.com/journals/jama/fullarticle/2779831
- Added: Parenteral bisphosphonate therapy may be preferred for patients unable to tolerate oral bisphosphonate.