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)
- **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 calcium and vitamin D for those with adequate dietary intake are unclear.
- **Linked:** https://ods.od.nih.gov/factsheets/vitamind-healthprofessional/; https://ods.od.nih.gov/factsheets/Calcium-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.ahrq.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.
  - **Added:** [D] level recommendation

**Pharmacological Management**
- **Revised/Added:** Optimize dietary calcium (1000-1200 mg/d) and vitamin D (≥ 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.