

OGS: Osteoporosis investigation and management guide**Minimal trauma hip fracture****INVESTIGATIONS:**

In the peri-operative period, all patients to have FBE, UEC, Calcium, Phosphate, LFTs, Vitamin D and TFT
For patients aged <75 consider serum protein electrophoresis, testosterone levels (men only) and coeliac serology. For additional tests review ENDO suspected Osteoporosis orderset in EMR

TREATMENT:

<p><u>Vitamin D supplementation</u></p> <ul style="list-style-type: none"> - Aim for Vitamin D level >75nmol/L - Give 50,000 IU vitamin D (liquid) on admission - Start regular maintenance vitamin D of 1000 IU PO daily 	<p><u>Calcium supplementation</u></p> <ul style="list-style-type: none"> - Initiate Ca if poor dietary intake or low serum Ca. - Recommended Intake of calcium is 1000 mg to 1300 mg of Ca per day (3-5 serves of Ca rich food, eg. glass of milk, tub of yoghurt, slice of cheese). 	<p><u>Address lifestyle risk factors</u></p> <ul style="list-style-type: none"> - Implement falls reduction strategies - Encourage balance training and resistance exercise - Modify diet, smoking and alcohol intake - Provide education and psychosocial support
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Anti-resorptive therapy

- Aim to start anti-resorptive therapy in hospital if Vitamin D >50nmol/l, normal Calcium and Phosphate, and eGFR>90ml/min (do not wait for DEXA results)
- If Vitamin D <50nmol/l, consider initiating anti-resorptive treatment 2 weeks after vitamin D loading.
- Consider dentition (if patient will tolerate a dental review), consider deferring anti-resorptive treatment if imminent invasive dental surgery is planned
- Consider medical contraindications and seek osteoporosis specialist opinion (e.g. if eGFR <30ml/min, hypocalcaemia etc.)

<p><u>If aged < 75 and good prognosis/function</u></p> <ul style="list-style-type: none"> - Consider IV or oral bisphosphonate first line therapy 	<p><u>If aged >75 or poor prognosis/function</u></p> <ul style="list-style-type: none"> - consider Denosumab - check calcium levels 10-14 days post-dose 	<p>**If fracture has occurred on adequate anti-resorptive treatment please contact the Endocrine inpatient team for advice on alternative options (e.g. teriparatide/romosozumab)</p>
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FOLLOW-UP:

<p><u>For ACF residents</u></p> <ul style="list-style-type: none"> - ensure plan is clearly documented in discharge summary - Request GP to follow up 	<p><u>Community dwelling patients</u></p> <ul style="list-style-type: none"> - Document plan clearly in discharge summary - Organise DEXA scan (or via GP) - Refer for outpatient follow-up <i>Falls and Fracture clinic</i> - >65 years without cognitive impairment or <i>Metabolic Bone Clinic</i> - any age, started on bisphosphonate or has complex bone disease
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