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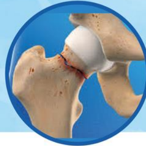
SECONDARY FRACTURE PREVENTION

SUMMARY OF CONSENSUS RECOMMENDATIONS



In recent years, remarkable advances in understanding of the pathogenesis and treatment of OP has been observed. Despite, many patients who warrant pharmacological treatment for the prevention of fractures are either not being offered treatment or are opting not to take medications. Recognizing this widening "treatment gap," the ASBMR developed a consensus of a broad multi-stakeholder coalition regarding several aspects of OP treatment.

OP patients aged ≥65 years with a hip or vertebral fracture

Communicate 3 simple messages

- They likely have OP and are at high risk for breaking more bones, especially over the next 1-2 years
- They may suffer declines in mobility or independence, and they will be at a higher risk of mortality
- Actions such as regular follow-up can reduce their risk

Regularly assess the risk of falling

- At a minimum, take a history of falls within the last year
- Minimize use of medications associated with increased fall risk
- Evaluate patients for conditions associated with an increased fall risk
- Strongly consider referring patients to physical and/or occupational therapists or a physiatrist for evaluation and interventions to improve impairments in mobility, gait, and balance and to reduce fall risk

Offer pharmacologic therapy for OP

- Do not delay initiation of therapy for BMD testing
- Consider patients' oral health before starting therapy with BPs or denosumab.
- Discuss the benefits and risks of therapy:
  - The risk of OP-related fractures without pharmacologic therapy
  - For BPs and denosumab, the risk of atypical femoral fractures and osteonecrosis of the jaw and how to recognize potential warning signs.

Pharmacologic therapy initiated during Hospitalization after fracture repair

- First-line pharmacologic therapy options - oral BPs (alendronate and risedronate:)
  - Generally, well tolerated
  - Can begin in the hospital and be included in discharge orders

If oral BPs pose difficulties

- IV zoledronic acid and SC denosumab
- Anabolic agents- SC teriparatide for patients at high risk of fracture, particularly those with vertebral fractures
- IV and SC pharmacologic agents may be therapeutic options after the first 2 weeks of the postoperative period

Pharmacologic therapy initiated after Hospitalization after fracture repair

- Mechanisms should be in place to ensure timely follow-up

- The optimal duration of pharmacologic therapy is not known
- General recommendations on stopping and restarting anti-OP drugs are available to individualize treatment for each patient.
- Need for therapy with BPs be reassessed after 3 to 5 years.
- Stopping denosumab without starting another antiresorptive drug should be avoided because of the possibility of rapid bone loss and increased fracture risk.
- Similarly, patients stopping anabolic agents also should be placed on an antiresorptive therapy.

- Initiate a daily supplement of at least 800 IU vitamin D, as well as 1200 mg of calcium for patients who are unable to achieve an intake of calcium from food sources.
- Counsel for not smoking or using tobacco, limiting alcohol intake and exercising regularly

Consider referring patients who have possible or presumed secondary causes of OP to the appropriate subspecialist for further evaluation and management.

Routinely follow-up and reevaluate patients to-

- Reinforce key messages about OP and associated fractures;
- Identify any barriers to treatment plan adherence that arise;
- Assess the risk of falling;
- Monitor for adverse treatment effects;
- Evaluate the effectiveness of the treatment plan; and
- Determine need for change or discontinuation of treatment

Prescribing information available on request
For any further information, please contact:
Cipla Ltd. Regd. Office: Cipla House, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013, India.
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OP- Osteoporosis; ASBMR- American Society for Bone and Mineral Research; BP- Bisphosphonate; BMD- Bone Mineral Density; IV- Intravenous; SC- Subcutaneous

Reference:

Conley RB, et al. Secondary Fracture Prevention: Consensus Clinical Recommendations from a Multistakeholder Coalition. J Orthop Trauma. 2020;34(4):e125-e141.

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