July 21, 2010

Memorandum

To: Family Physicians, General Internists, Combined Medicine Pediatric Generalists, Primary Care Obstetricians / Gynecologists, Geriatric Physicians, Endocrinologists, Rheumatologists, Pulmonary Medicine Physicians, Radiologists

From: GUIDES (Guideline Utilization Implementation Development and Evaluation Studies)  
William E. Chavey, MD  
R. Van Harrison, PhD  
Connie J. Standiford, MD

Subject: UMHS Clinical Care Guideline: Osteoporosis: Prevention and Treatment

The new UMHS clinical care guideline “Osteoporosis: Prevention and Treatment” is enclosed for your information and use.

What’s New!

- Intravenous zoledronic acid given yearly increases BMD and reduces hip fractures.
- Osteonecrosis of the jaw (ONJ) is a recognized risk of high dose bisphosphonate therapy, typically in the setting of malignancy. For patients taking conventional doses of bisphosphonates for the treatment of osteoporosis the risk of ONJ is probably less than 1:100,000.
- Vitamin D deficiency is an increasingly recognized problem. Most patients should probably be on 1000 IU daily. Some patients with markedly decreased levels may require short-term therapy with higher doses (e.g., 50,000 IU weekly for four to eight weeks), but vitamin D levels should be followed closely in patients requiring such high doses.
- An excellent computer model for fracture prediction (in untreated patients), is available online (http://www.shef.ac.uk/FRAX/).

Key aspects. Key points include:
- Recommend weight bearing exercise and adequate calcium and vitamin D for all persons
- Order first DEXA scan based on clinical risk factors
- Treat based on DEXA t-score and clinical risk factors for fracture
- For most patients, an interval of at least 2 years between DEXA scans provides the most meaningful information.

Patient education material.

Two patient education sheets:
- Osteoporosis
- Calcium and Vitamin D

are available by Internet on Patient Advisor. Access through UMHS Clinical Home Page (under "Clinical Resources", click on Patient Education) or access through CareWeb (select "References" from the left side of the screen, then select "UMHS Patient Education").

HEDIS indicators. Managed care purchasers evaluate UMHS performance using the following HEDIS measures:

The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture.

Patients who were appropriately treated or tested for osteoporosis after the fracture, defined by any one of the following criteria.
- A BMD test on the date of the fracture or in the 180-day period after the fracture, or
- A BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization), or
- Dispensed a prescription to treat osteoporosis on the date of the fracture or in the 180-day period after the fracture.