

Clinical Assessment of Osteoporosis in Postmenopausal Women and Men Age 50 and Older

- Obtain a detailed patient history pertaining to clinical risk factors for osteoporosis-related fracture
- Modify diet/supplements and other clinical risk factors for fracture
- Estimate patient's 10-year probability of hip and any major osteoporosis-related fracture using the U.S.-adapted WHO algorithm
- Decisions on whom to treat and how to treat should be based on clinical judgment using this guide and all available clinical information
- Consider FDA-approved medical therapies based on the following:
 - A vertebral or hip fracture
 - A DXA hip (femoral neck or total site) or spine T score ≤ -2.5
 - Low bone mass and a U.S.-adapted WHO 10-yr probability of a hip fracture $\geq 3\%$ or probability of any major osteoporosis-related fracture $\geq 20\%$
 - Patient preferences may indicate treatment for people with 10-yr fracture probabilities below these levels
- Consider non-medical therapeutic interventions
 - Modify risk factors related to falling
 - Consider physical and occupational therapy including walking aids and hip pad protectors
 - Weight-bearing activities daily
- Patients not requiring medical therapies at the time of initial evaluation should be clinically re-evaluated when medically appropriate
- Patients taking FDA-approved medications should have laboratory and bone density re-evaluation after two years or when medically appropriate

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