

**Attention Clinicians:**

It is important to note that the recommendations developed in this Guide are intended to serve as a reference point for clinical decision-making with individual patients. They are not intended to be rigid standards, limits or rules. They can be tailored to individual cases to incorporate personal facts that are beyond the scope of this Guide. Because these are recommendations and not rigid standards, they should not be interpreted as quality standards. Nor should they be used to limit coverage for treatments.

This Guide was developed by an expert committee of the National Osteoporosis Foundation (NOF) in collaboration with a multi-specialty council of medical experts in the field of bone health convened by NOF. Readers are urged to consult current prescribing information on any drug, device or procedure discussed in this publication.

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Suggested citation: National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2013.

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## CLINICIAN'S GUIDE TO PREVENTION AND TREATMENT OF OSTEOPOROSIS

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### Note to Readers

This Guide is designed to serve as a basic reference on the prevention, diagnosis and treatment of osteoporosis in the U.S. It is based largely on updated information on the incidence and costs of osteoporosis in the U.S. For those with low bone mass (in whom more than 50 percent of fractures occur) the Guide incorporates an analysis from the World Health Organization (WHO) that assesses 10-year fracture risk. The Guide utilizes an economic analysis prepared by the National Osteoporosis Foundation in collaboration with the WHO (Dr. J. Kanis), the American Society for Bone and Mineral Research, the International Society for Clinical Densitometry and a broad multidisciplinary coalition of clinical experts, to indicate the level of risk at which it is cost-effective to consider treatment. This information combined with clinical judgment and patient preference should lead to more appropriate testing and treatment of those at risk of fractures attributable to osteoporosis.

This Guide is intended for use by clinicians as a tool for clinical decision-making in the treatment of individual patients. While the guidance for testing and risk evaluation comes from an analysis of available epidemiological and economic data, the treatment information in this Guide is based mainly on evidence from randomized, controlled clinical trials. The efficacy (fracture risk reduction) of medications was used in the analysis to help define levels of risk at which it is cost effective to treat.

The Guide addresses postmenopausal women and men age 50 and older. The Guide also addresses causes of secondary osteoporosis which should be excluded by clinical evaluation. Furthermore, all individuals should follow the universal recommendations for osteoporosis prevention and management outlined in this Guide.

The recommendations herein reflect an awareness of the cost and effectiveness of both diagnostic and treatment modalities. Some effective therapeutic options that would be prohibitively expensive on a population basis might remain a valid choice in individual cases

under certain circumstances. This Guide cannot and should not be used to govern health policy decisions about reimbursement or availability of services. Its recommendations are not intended as rigid standards of practice. Clinicians should tailor their recommendations and, in consultation with their patients, devise individualized plans for osteoporosis prevention and treatment.

Updates to this document: This document was originally written and approved in 2008. In 2010, it was updated to add information about biochemical markers and to update medication indications.

The 2013 updated Clinician's Guide stresses the importance of screening vertebral imaging to diagnose asymptomatic vertebral fractures; provides updated information on calcium, vitamin D, and osteoporosis medications; addresses duration of treatment; includes an expanded discussion of the utility of biochemical markers of bone turnover and causes of secondary osteoporosis.

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