



## Objectives: Osteoporosis

1. Assess osteoporosis risk of all adult patients as part of their periodic health examination.
2. Use bone mineral density judiciously (e.g. don't test everybody – a BMD may not change management in patients with a high risk for an osteoporotic fracture).
3. Counsel all patients about primary prevention of osteoporosis (e.g. dietary calcium, physical activity, smoking cessation), especially those who are at higher risk (e.g. young female athletes, patients with eating disorders).
4. In menopausal or peri-menopausal women, provide advice about fracture prevention that includes improving their physical fitness, reducing alcohol, smoking cessation, risk of physical abuse, and environmental factors that may contribute to falls (e.g. don't stop at suggesting calcium and Vitamin D).
5. In patients with osteoporosis, avoid prescribing medications that may increase the risk of falls.
6. Provide advice and counselling about fracture prevention to older men, as they too are at risk for osteoporosis.
7. In patients with established osteoporosis,
  - a. Advise treatment with Calcium and Vitamin D, if appropriate
  - b. Advise non-pharmacologic treatments (e.g. exercise, smoking cessation)
  - c. Consider bisphosphonates (oral or IV) or monoclonal antibodies (Denosumab).
8. Consider drug-holidays if clinically indicated in patients being treated with long-term bisphosphonates.

\*\* Mapped to the CFPC's 105 priority topics: #71-Osteoporosis