Factors that contribute to fracture risk

LOW BONE MASS (OSTEOPOROSIS)

- Aging
- Menopause or complete hysterectomy <45yrs, treatment with aromatase inhibitors
- Hyperthyroid, hyperparathyroid, vitamin D deficiency, hypercalcaemia
- Smoking history, Alcohol excess
- Rheumatoid arthritis, Lupus, Ank Spon
- Coeliac disease, Crohn's or Ulcerative colitis
- Post bariatric surgery, past eating disorder
- Cortisol excess, acromegaly, diabetes
- Cirrhosis, transplant recipients, CKD
- History of hip fracture in parent
- Glucocorticoids, anti-retrovirals thiozolamides or anti-epileptic therapy

INCREASED FALLS RISK

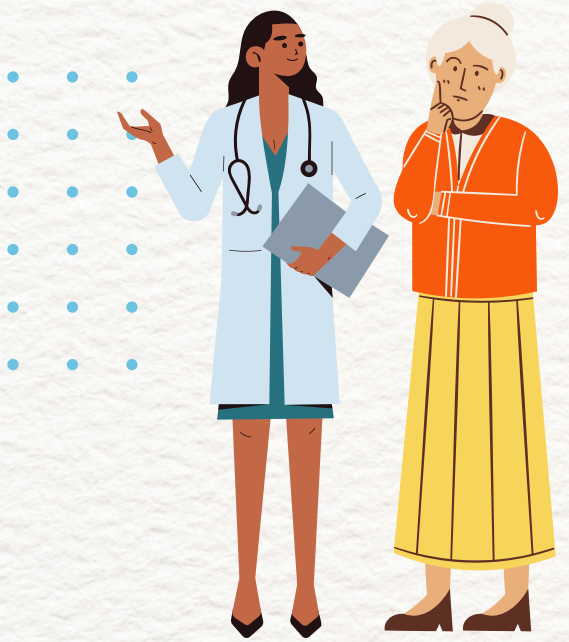
- Trip hazards in the home and garden eg. rugs, pets, clutter/debris, steps
- Unbalanced and unsupportive footware
- Muscle weakness, poor balance
- No assessment for mobility aid
- Vision impairment
- Unaddressed incontinence, especially urge
- Medications: psychotropic and sedative
- Mobilising inside and outside without adequate lighting
- Poor engagement in multimodal exercise program

LOW BONE MASS DIAGNOSED WITH

- MINIMAL TRAUMA FRACTURE OVER AGE 50
- DXA SCAN - RECOMMENDED IN >65Y OR >50Y WITH RISK FACTORS

STRONG BONES AND STEADY STEPS

A guide to decreasing fracture risk in your post-menopausal patients



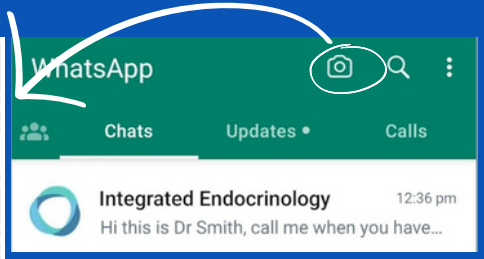
Pamphlet by Dr Jovitta William

INTEGRATED ENDOCRINOLOGY AND METABOLISM

INTEGRATED ENDOCRINOLOGY AND METABOLISM

Dr Jovitta William
MBBS, FRACP, MRMed
Endocrinologist

Phone advice happily provided



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Lunchtime teaching available

Interventions

REGULAR REVIEW OF DXA +/- BONE TURNOVER MARKERS

MEDICATION THERAPY

SELECT FROM
- CALCIUM
- VITAMIN D
- DENOSUMAB
- ANABOLIC AGENTS
- BISPHOSPHONATES
- SELECTIVE ESTROGEN RECEPTOR MODULATOR

CONSIDERATIONS
- ☐ Severity of bone loss
- ☐ Life expenctancy and degree of frailty
- ☐ Patient preference for dosing mode and frequency (IV, oral, daily, monthly, annually)
- ☐ Community dwelling vs facility, diet, lifestyle
- ☐ Medicare criteria, financial situation
- ☐ Hx dental disease, reflux, recent MI/stroke
- ☐ Tolerance of potential adverse effects

MANAGE FACTORS CONTRIBUTING TO LOSS OF BONE

EFFECTIVE COUNSELLING TO IMPROVE ADHERENCE

ADDRESS FALLS RISKS

- ☐ Flat footware +/- ankle support
- ☐ Rationalise medications
- ☐ Multimodal exercise program
- ☐ Raise awareness of trip risk items in home
- ☐ Counsel to avoid walking in dark inside and outside, avoid walking barefoot
- ☐ Encourage use of mobility aid if required
- ☐ Address vision impairment, weakness, and incontinence