Patient at risk of osteoporotic fracture
- Recent major fracture
- Opportunistic screening
- Treatments increasing fracture risk (e.g. steroids or other bone damaging drugs)

Assess level of future risk (FRAX or QFracture according to local practice)\[A\]

- Very high risk (imminent risk)\[B\]
  - Bone forming first
  - Consider urgent referral to specialist service for teriparatide, biosimilar teriparatide, or romosozumab

- High risk
  - Antiresorptive then bone forming
  - Prescribe alendronate, risedronate, ibandronic acid, raloxifene, or denosumab\[C\] or MHT
  - Refer to specialist service for IV zoledronic acid, teriparatide, biosimilar teriparatide, or romosozumab

- Low risk
  - Lifestyle modifications
  - Prescribe lifestyle modifications

Lifestyle modifications
- Recommend for all patients irrespective of risk
- Modifications include:
  - exercise, strength, and balance training
  - diet
  - calcium/vitamin D
  - stop smoking
  - ≤2 units/day alcohol
  - Tailor advice to each patient’s own circumstances and comorbidities

Follow up
- Ensure treatment has been initiated within 16 weeks of fracture
- Check adherence within 4 months and at 12 months, including tolerability, new cautions and contraindications, calcium/vitamin D intake, change in fracture and falls risk

Follow up
- Follow up if and when additional risk factors develop

Note: treatment sequence
- Continue teriparatide and biosimilar teriparatide for 24 months and then switch to an antiresorptive agent
- Continue romosozumab for 12 months and then switch to an antiresorptive agent
- For denosumab treatment switching should be avoided and only done in consultation with a bone specialist; for other antiresorptives, duration of treatment should be based on the benefits and risks of pausing therapy

Available drugs\[D\]
- Bone forming (anabolic)
  - teriparatide
  - biosimilar teriparatide
  - romosozumab
- Antiresorptive
  - alendronate
  - risedronate
  - ibandronic acid
  - raloxifene
  - denosumab
  - zoledronic acid (IV)
  - MHT

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\[A\] Use FRAX if using NOGG or Kanis et al 2020\(^4\) nomograms to decide risk level. QFracture is not calibrated for these tools and decisions on treatment should be based on the BMD measurement.

\[B\] Imminent risk refers to a clinical setting in which a fracture has occurred within the previous 2 years.

\[C\] In some instances, denosumab also has to be initiated by secondary care.

\[D\] Prescribers should refer to the individual summaries of product characteristics.

IV=intravenous; MHT=menopausal hormone therapy; NOGG=National Osteoporosis Guideline Group