



\*All get vitamin D 800-1000 IU and calcium carbonate 1,200 mg/day. Calcium citrate if receiving PPI or achlorhydria.

+Fragility fractures are those occurring from a fall from a standing height or less, without major trauma such as a motor vehicle accident. Common locations of fragility fractures include: particularly at the spine, hip, wrist, humerus, rib, and pelvis. Certain skeletal locations, including the skull, cervical spine, hands, feet, and ankles are not associated with fragility fractures.

\*\*Score at hip or spine.

FCM's Communication of Initial  
Recommendations to the Patient's PCP

**Osteoporosis:**

- A. Consider stopping treatment temporarily (drug holiday).** The patient should continue to receive vitamin D 800 -1000 IU and calcium carbonate 1,200 mg per day (calcium citrate if receiving PPI or achlorhydria) unless otherwise contraindicated.

*Background:* The patient has received at least five years of treatment with a bisphosphonate. Prolonged treatment has been associated with atypical femoral fractures.

*Assessment:* We recommend considering stopping treatment temporarily (drug holiday). How long to wait before restarting drug therapy is unclear.

- B. Continue bisphosphonate treatment for five years and then reconsidering.** The patient should continue to receive vitamin D 800 - 1000 IU and calcium carbonate 1,200 mg per day (calcium citrate if receiving PPI or achlorhydria) unless otherwise contraindicated. *Background:* Currently guidelines recommend treating for five years and then considering stopping treatment temporarily (drug holiday).

*Assessment:* The patient is currently receiving osteoporosis treatment for less than five years.

- C. Consider further evaluation and treatment for osteoporosis.** Bisphosphonates (all have generic versions) and denosumab reduce the risk of hip, non-vertebral, and vertebral fractures; bisphosphonates are commonly used as first line treatment for those who do not have contraindications. You may also wish to consult with an osteoporosis expert.

*Background:* National Osteoporosis Foundation guidelines recommend treatment if bone mineral density < -2.5 SD or if osteopenia (T score between -1.0 and -2.5) and a 10-year fracture risk hip fracture >3% or major osteoporotic fracture > 20%.

*Assessment:* The patient's lowest T score is \_\_\_\_, 10 year fracture risk is \_\_%, and risk of major osteoporotic fracture is \_\_%.

- D.** I have provided the patient with education about the role of calcium in falls prevention and health.

*Background:* The patient is already receiving calcium and vitamin D OR prefers not to take the recommended vitamin D 800-1000 IU and calcium carbonate 1,200 mg per day (calcium citrate if receiving PPI or achlorhydria) daily because: [reason].

*Assessment:* Suboptimal calcium and vitamin D status increases the patient's risk of fall-related injuries.

- E.** Patient is on Drug Holiday – No further actions at this time