QUICK REFERENCE GUIDE



Clinical Practice Guideline for Management of Osteoporosis and Fracture Prevention in Canada: 2023 Update

This guide has been developed to provide healthcare professionals with a quick-reference summary of the key recommendations from the Clinical Practice Guideline for Management of Osteoporosis and Fracture Prevention in Canada: 2023 Update. Consult the full guideline document at osteoporosis.ca/cpg

Exercise and Nutrition Recommendations

Exercise: Balance, functional training and progressive resistance training \geq twice weekly to reduce the risk of falls and maintain, or improve physical functioning, quality of life and bone strength.

Calcium: Suggest eating calcium rich foods to meet the recommended dietary allowance for calcium

(Females >50: 1200 mg/day; males 50 - 70: 1000 mg/day; males >70: 1200 mg day.)

Vitamin D: Suggest minimum 400 IU supplement daily along with consuming vitamin D rich foods to meet the recommended dietary allowance for vitamin D 600 IU/d (age 51-70 yr) and 800 IU/d (age > 70 yr) for males and females.

Recommendations for Clinical Assessment

Assessment	Recommended Elements
History	Identify risk factors for low BMD, fractures and falls:
	Risk factors
	☐ Previous fragility fracture, after age 40
	☐ Glucocorticoids (> 3 months in the last year, prednisone dose > 5mg daily)¹
	☐ Falls, ≥ 2 in the last year
	☐ Parent fractured hip
	☐ Body Mass Index < 20 kg/m2
	☐ Secondary osteoporosis¹
	☐ Current smoking
	□ Alcohol ≥ 3 drinks/day
Physical Exam	Prospective height loss> 2 cm or historical > 6 cm
	 Rib to pelvis distance < 2 finger-breadths
	Occiput to wall distance > 5 cm
	 Assessment of falls risk: https://worldfallsguidelines.com/algorithm

Indications for BMD Testing

- → Screening BMD starts at age 70 if no risk factors
- → Age 65-69 yrs with 1 risk factor
- \rightarrow Age 50-64 yrs with prior fracture or ≥ 2 risk factors

Indications for Pharmacotherapy***

Prior hip or spine fracture* OR Calculate 10-year fracture risk with BMD with FRAX (preferred) or CAROC. ≥ 2 fracture events1 10-year fracture risk < 15% 10-year fracture risk 15%-19.9%* 10-year fracture risk ≥ 20%* T-score > -2.5 T-score ≤ -2.5 and age < 70* T-score ≤ -2.5 and age ≥ 70* SUGGEST PHARMACOTHERAPY RECOMMEND PHARMACOTHERAPY DO NOT RECOMMEND PHARMACOTHERAPY Intermediate benefit Largest benefit

¹ Conditions known to cause secondary osteoporosis (Appendix 1, supplemental Table 5); consider referral to specialists with expertise for co-management

^{***}To view the full Algorithm and other tools visit osteoporosis.ca/cpg

Pharmacotherapy to Prevent Fractures





