

Postmenopausal females and males aged ≥ 50 years

- Recommend balance and muscle-strengthening exercises ≥ twice weekly
- Suggest eating foods rich in calcium and protein
- Suggest a minimum vitamin D supplement of 400 IU daily

Perform clinical assessment to identify risk factors and signs of undiagnosed vertebral fracture*

Risk factors

- Previous fracture, after age 40 yr†
- Glucocorticoids (> 3 mo in the last year, prednisone dose > 5 mg daily)‡
- Falls, ≥ 2 in the last year
- Parent fractured hip
- Body mass index < 20 kg/m²
- Secondary osteoporosis‡
- Current smoking
- Alcohol ≥ 3 drinks/d

Signs of possible vertebral fracture*

- Prospective height loss > 2 cm or historical > 6 cm
- Rib-to-pelvis distance ≤ 2 finger-breadths in midaxillary line
- Occiput-to-wall distance > 5 cm

Age < 70 yr and no risk factors

Age 50–64 yr with previous fracture† or ≥ 2 risk factors
Age 65–69 yr with 1 risk factor
Age ≥ 70 yr with no risk factors

Previous hip or spine fracture*
OR
≥ 2 fracture events†

Obtain BMD and calculate 10-yr fracture risk with BMD using FRAX (preferred) or CAROC tool

10-yr fracture risk < 15%
OR
T-score > -2.5

10-yr fracture risk 15%–19.9%*
OR
T-score ≤ -2.5 and age < 70 yr*

10-yr fracture risk ≥ 20%*
OR
T-score ≤ -2.5 and age ≥ 70 yr*

DO NOT RECOMMEND PHARMACOTHERAPY

SUGGEST PHARMACOTHERAPY
 Intermediate benefit

RECOMMEND PHARMACOTHERAPY
 Largest benefit

Reassess BMD and fracture risk

If initiated pharmacotherapy:§

- Reassess in 3 yr

If not a candidate for or chose not to take pharmacotherapy:§

- If 10-yr fracture risk < 10% , reassess in 5–10 yr
- If 10-yr fracture risk 10%–15%, reassess in 5 yr
- If 10-yr fracture risk ≥ 15%, reassess in 3 yr