

My Osteoporosis Consultation and Plan

Name: _____

Date: _____

Attending Physician: _____

Referring Physician: _____

Introduction

I participated in a 2 hour, assisted self-management class for osteoporosis at the Dr. David Hanley Osteoporosis Centre. The session was conducted by the clinic staff, including an osteoporosis nurse and specialist physician. Prior to the session, I attended a general information class on osteoporosis provided by the clinic. In the self-management session, we reviewed risk factors for low bone mass, risk factors for fracture, bone density uses and fracture risk probabilities. A range of options was presented including “watchful waiting”, and currently available treatments for reducing fracture risk. After a question and answer session and review of my own medical situation, I created a management plan with which I wish to proceed or at least review with my referring doctor. The ultimate implementation of this plan will depend upon my follow up with my referring physician to ensure it is compatible with my health history and goals. The presenting staff declared they have no conflicts of interest regarding my treatment options.

Part A: Risk Factors for Low Trauma (Osteoporotic) Fractures

These are the risk factors that I have which may contribute to my risk of osteoporotic fractures:

Age _____

Parental hip fracture _____
(before age 80yrs)¹

Sex M F

I am a smoker _____

Weight _____

I require prednisone _____

Height _____ BMI _____

I have Rheumatoid Arthritis _____

Previous Low-trauma (fragility) fracture _____

I consume 3 or more alcoholic drinks per day _____

¹Yang S, et al. J Bone Miner Res. 2016; 31(9):1753-1759

Part B: Bone Density

Bone density is simply an estimate of my bone strength. Bone density is expected to decline in all healthy people as they age. My bone density today may be slightly lower than any measurements done in past years although any bone density performed in the past 4 years is probably reasonable for clinical decision making today. In many cases, the bone density measurement doesn't really change the clinical decision making because the other risk factors are just as important.

My Bone Density results:

Lumbar spine T-score: _____

Femoral neck T-score: _____

****Note:** the terms "osteopenia" and "osteoporosis", as applied to bone density, are probably unnecessary since we will be focused upon the risk of fracture, not the actual numeric bone density result. Many people with low bone density can be low risk for fracture and some people with normal bone density can still be high risk for fracture.

Part C: My risk of Osteoporotic Fracture

In order to estimate my risk of osteoporotic fracture in the next 10 years, I used the above information in a program called "WHO FRAX". This program is recommended by Osteoporosis Canada and most other osteoporosis guidelines around the world. According to my specific fracture risks, my estimated risk of fracture in the next 10 years is:

Chance of major osteoporotic (other) fracture: _____%
(this includes hip, spine, wrist, and shoulder fractures but not fingers, nose or toes)

Chance of hip fracture: _____%

How I feel about this estimated risk of fracture: (please circle)

Very concerned and worried, I need to know my treatment options now

Not very concerned about fractures but still interested in hearing the options

Slightly concerned but much less worried than before I started this process

Unconcerned and probably not going to consider any drug therapy at this time

Part D: How much will I benefit from taking an “anti-fracture” medication?

Generally speaking, according to results from clinical trials, most approved anti-fracture medications can reduce the risk of an osteoporotic fracture by about 40% on average. Therefore, if I choose to be treated, my 10-year estimated risk of fracture may be:

WHO FRAX major osteoporotic (other) fracture risk (from part C)

$$\underline{\hspace{2cm}} \times 0.6 = \underline{\hspace{2cm}}$$

(benefit with medication)

WHO FRAX hip fracture risk (from part C)

$$\underline{\hspace{2cm}} \times 0.6 = \underline{\hspace{2cm}}$$

(benefit with medication)

How I feel about the amount of benefit I am expected to gain: (please circle)

Very positive,
excited to hear my options

Skeptical, drug therapy doesn't look
like it gives me much benefit

Interested but not sure it
will be worth it

Benefits too small to even consider
drug therapy at this time beyond
nutritional approaches

Part E: Anti-fracture options

DRUG	ROUTE	MECHANISM	DURATION	PROS	CONS	ACCESS
Raloxifene (Evista®)	Oral, daily	Maintains bone mass and hardens the bone I have	No drug holiday			Covered by Senior's Blue Cross
Alendronate – (Fosamax®) Risedronate (Actonel®)	Oral, once weekly or once per month	Maintains bone mass and hardens the bone I have	Usually 5 years followed by 3 to 5 years “drug holiday”			No special requirements; covered by Senior's Blue Cross
Zoledronic acid (Aclasta®)	Intravenous, Once yearly	Maintains bone mass and hardens the bone I have	Usually 3 years followed by 3 to 5 year “drug holiday”			Highly restricted coverage by Senior's Blue Cross; requires enrolment forms
Denosumab (Prolia®)	Injection Under the Skin every 6 months	Maintains bone mass and hardens the bone I have	Undefined			Highly restricted coverage by Senior's Blue Cross
Teriparatide (Forteo®)	Injection under the skin, daily	Increases new bone formation	2 years, followed by one of the above options (not shaded)			Not covered by Senior's Blue Cross; other insurers vary Enrolment forms needed
Romosozumab (EVENTY™)	2 injections (same time) Under the Skin every month	Increases new bone formation	1 year, followed by one of the above options (not shaded)			Not covered by Senior's Blue Cross; other insurers vary Enrolment forms needed

My Osteoporosis Management Plan

1. On the basis of my self-assessment of fracture risks and treatment options, I have chosen to seek drug therapy to reduce my fracture risk.

YES**NO**

2. If I have chosen not to have drug therapy, I recognize that fracture risks change very slowly over time but that re-assessment might be useful in the future. If I am using bone density as part of my fracture risk assessment, I might want to ask about getting a new Bone Density measurement in 3 or 4 years time although I can use WHO FRAX online at any time to review my fracture risks, even without a Bone Density result.
3. I have previously received counselling about the role of calcium and vitamin D therapy, along with avoidance of smoking or excessive alcohol use. Maintenance of regular physical activity should also be one of my goals.
4. If I am choosing to start drug therapy to reduce my fracture risk, I would like to start taking:

*For options **other than the oral medications**, there might be enrolment forms and insurance forms to be filled out. I will be given a handbook with all necessary forms which I may take to my primary care doctor to facilitate the starting process.*

5. If I do start drug therapy, I probably don't need to do another bone density while taking therapy or at least not in the first 3 years. This can be discussed with ongoing follow up in my doctor's office.
6. If my doctor has any questions about my plan, the Dr. David Hanley Osteoporosis staff are available for phone consultation support.
7. Ultimately, my plan is presently just a suggestion that I will take to my primary care doctor to ensure that it is still compatible with my full medical history.

Signed: _____ Date: _____