

AAACE/ACE 2016 POSTMENOPAUSAL OSTEOPOROSIS TREATMENT ALGORITHM

Lumbar spine or femoral neck or total hip T-score of ≤ -2.5 , a history of fragility fracture, or high FRAX® fracture probability*

Evaluate for causes of secondary osteoporosis

Correct calcium/vitamin D deficiency and address causes of secondary osteoporosis

- Recommend pharmacologic therapy
- Education on lifestyle measures, fall prevention, benefits and risks of medications

No prior fragility fractures or moderate fracture risk**

- Alendronate, denosumab, risedronate, zoledronic acid***
- Alternate therapy: Ibandronate, raloxifene

Reassess at least yearly for response to therapy and fracture risk

Increasing or stable BMD and no fractures

Consider a drug holiday after 5 years of oral and 3 years of IV bisphosphonate therapy

Resume therapy when a fracture occurs, BMD declines beyond LSC, BTM's rise to pretreatment values or patient meets initial treatment criteria

Progression of bone loss or recurrent fractures

- Assess compliance
- Re-evaluate for causes of secondary osteoporosis and factors leading to suboptimal response to therapy

- Switch to injectable antiresorptive if on oral agent
- Switch to teriparatide if on injectable antiresorptive or at very high risk of fracture

Prior fragility fractures or indicators of higher fracture risk**

- Denosumab, teriparatide, zoledronic acid***
- Alternate therapy: Alendronate, risedronate

Reassess at least yearly for response to therapy and fracture risk

Denosumab

Continue therapy or consider adding teriparatide if progression of bone loss or recurrent fractures

Teriparatide for up to 2 years

Sequential therapy with oral or injectable antiresorptive agent

Zoledronic acid

- If stable, continue therapy for 6 years****
- If progression of bone loss or recurrent fractures, consider switching to teriparatide

* 10 year major osteoporotic fracture risk $\geq 20\%$ or hip fracture risk $\geq 3\%$. Non-US countries/regions may have different thresholds.

** Indicators of higher fracture risk in patients with low bone density would include advanced age, frailty, glucocorticoids, very low T scores, or increased fall risk.

*** Medications are listed alphabetically.

**** Consider a drug holiday after 6 years of IV zoledronic acid. During the holiday, another agent such as teriparatide or raloxifene could be used.

