WEST SUFFOLK CCG
BISPHOSPHONATE LENGTH OF TREATMENT GUIDELINES

The need for continued bisphosphonate treatment should be reviewed regularly due to concerns over the adverse effects associated with long-term treatment (e.g. atypical femoral fractures).

Check patient adherence to oral therapy.
Monitor renal function, calcium and vitamin D levels every 3 months. However GPs may use their discretion regarding frequency of monitoring as a patient’s condition changes.
Where possible, correct any abnormalities or refer to Bone Health Clinic.

Perform baseline DXA scan and consider stopping treatment after:
- 5 years for oral bisphosphonate
- 3 years for intravenous zoledronic acid

Assess fracture risk (clinical risk factors for osteoporosis (such as calcium and vitamin D levels, exercise, smoking and alcohol consumption), FRAX and DXA scan results) and consider either continuing treatment or a bisphosphonate ‘holiday’ (see below) based on whether there is a high or low fracture risk

HIGH RISK patients, e.g. those with:
- Post treatment T-score ≤-2.5 with history of fragility fractures
- History of hip/vertebral or multiple fragility fractures
- Continuing oral glucocorticoid therapy (equivalent to ≥7.5mg/day prednisolone)
- Continuing high risk (frailty, frequent falls, age ≥75)

LOW RISK patients, e.g. those with:
- Post treatment T-score >-2.5
- No history of hip / vertebral / or multiple fragility fractures
- No fracture during therapy
- Age <75 years
- Stable or improved BMD

- Continue treatment for further 5 years (3 for zoledronic acid)
- Monitor for proximal leg pains (subtrochanteric stress fractures) regularly X-ray or refer to Rheumatology/Orthopaedics/Bone Health Clinic as appropriate
- Review oral health/need for dental work at outset

CONSIDER BISPHOSPHONATE ‘HOLIDAY’
(i.e. a break in treatment for a defined period of time)
- For 1-2 years if patient taking risedronate;
- For 2-3 years if patient taking alendronate;
- For 3 years if patient on zoledronic acid;
- Patients can continue calcium and vitamin-D
- Re-assess fracture risk after a new fracture or after 2 years if no new fracture occurs

Re-assess
(review risk factors and perform DXA scan to determine if risk remains high or low and then proceed as above)

FOR PATIENTS WHO HAVE A FRACTURE WHILST ON TREATMENT
- If the fracture is during the first 2 years of treatment:
  - check adherence
  - assess if risk is high or low and treat accordingly
  - if high risk refer to Bone Health clinic for consideration of alternative treatment, e.g. denosumab
- If the fracture is during year 3-5 of treatment or if there are multiple fragility fractures:
  - check adherence
  - refer for DXA scan

Key
BMD = Bone mineral density
DXA/DEXA = Dual energy X-ray absorptiometry
FRAX = Fracture risk assessment tool

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