AACE/ACE Clinical Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis: A Guide for Patients

Osteoporosis is a major public health concern. It can affect your independence and quality of life.

Osteoporosis means "porous bones," and it causes bones to become weak and more likely to break (or "fracture"). It is usually a silent (painless) problem, until a fracture happens.

If you have osteoporosis, you're not alone. About 10.2 million Americans have osteoporosis. Roughly half of women and one quarter of men will have an osteoporosis-related fracture. Fracture risk grows as you get older. These guidelines focus on postmenopausal osteoporosis — or osteoporosis in women after menopause.

Osteoporosis can be treated to lessen fracture risk. Your healthcare team can help you learn how.

FIND OUT IF YOU HAVE OSTEOPOROSIS

1. How can you find out if you have osteoporosis?

If you are a woman aged 50 or older, ask your doctor to do a fracture risk assessment. They will take your history, do a physical exam, and judge your risk of having a fracture, or a broken bone, on a special tool called FRAX. If you are at average risk, you should have a bone density test (also called DXA) by age 65. This test should be done sooner, if you are at higher risk of having a fracture.

Your healthcare team may test your bone mineral density if you have some kinds of fracture, low bone density, or high fracture risk.

2. If I have osteoporosis, are there more tests to do?

Yes. Laboratory (blood and/or urine) tests can find reasons for bone loss. These might include not having enough vitamin D or calcium. Other diseases that can make bone loss worse can also be found and treated.

KEEP YOUR BONES HEALTHY

3. How can I keep my bones healthy?

Getting enough vitamin D and calcium, limiting alcohol, stopping smoking, and staying active and physically fit helps keep your bones healthy. Your healthcare providers may teach you how to avoid falls or offer other ways to lower your risk of a broken bone.

GET TREATMENT, IF YOU NEED IT

4. Who needs medicine for osteoporosis?

Medication is strongly recommended if you have

- Low bone mass and a history of fracture
- Low bone mass in some parts of your body
- Low bone mass and a high score on FRAX

5. Can medicines help treat osteoporosis?

Some medicines can change the natural process of bone remodeling, or the way the body changes bone over time. Several medicines treat osteoporosis:

- Bisphosphonates: alendronate (Fosamax), ibandronate (Boniva), risedronate (Actonel, Atelvia), and zoledronic acid (also called zoledronate, Reclast). These slow bone loss.
- Selective estrogen receptor modulator (SERM): raloxifene (Evista). This acts like the hormone estrogen in some parts of the body, including bone. It can help protect bones. It is also used to lower the risk of breast cancer in some patients.
- Monoclonal antibody: denosumab (Prolia). This also slows bone loss.
- Synthetic hormone: teriparatide (Forteo). This helps the body form new bone.

6. How is treatment monitored?

It is important for your healthcare team to follow your progress during treatment. This is done with imaging (DXA), bone mineral density, and sometimes blood tests.

7. What is "success" during treatment?

The goal of treatment is to prevent fractures. If bone mineral density stays the same or gets better and there are no new fractures, treatment is working well. Blood tests may also show if treatment is working. Your physician may change your treatment if you continue to have fractures.

8. How long should I stay on treatment?

Your physician will let you know when you can stop treatment. Do not stop taking your medicine unless they tell you to.

- Teriparatide is given for 2 years or less.
- Oral bisphosphonates may be interrupted (for a "drug holiday") after 5 years for patients at moderate risk of fracture or after 6-10 years in patients at high risk of fracture.
- Intravenous zoledronic acid may have a drug holiday after 3 yearly doses in moderate-risk patients or 6 yearly doses in high-risk patients.
- During a drug holiday, you may or may not be given other medicines (teriparatide or raloxifene).
- Drug holidays are not recommended with denosumab. Other medicines may be given as long as they are working well.
- Vitamin D, calcium, physical activity, and fall prevention are still important during drug holidays.

9. What about combination therapy?

These guidelines do not recommend using more than one medicine at a time, so-called combination therapy.

10. What about sequential therapy?

Sequential therapy means the use of one agent after another.

Treatment with teriparatide should always be followed by "antiresorptive agents." These agents make bones stronger by slowing or stopping bone loss. They include the bisphosphonates, raloxifene, and denosumab.

11. Should I consider surgery?

These guidelines do not recommend surgery to treat postmenopausal osteoporosis.

SEE A SPECIALIST, IF YOU NEED TO

12. When should I see a specialist?

Endocrinologists are specialists who treat hormonal conditions, including osteoporosis. Consider seeing an endocrinologist or another healthcare professional who specializes in treating osteoporosis if you

- Have a fracture (not from trauma) with normal bone mineral density
- Are being treated for osteoporosis, but you are still having fractures
- Have very severe osteoporosis
- Have other conditions that make treatment of osteoporosis difficult (including chronic kidney disease or other conditions)
- Have fracture with very little or no trauma

These guidelines are presented by the American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE). AACE is a professional community of physicians specializing in endocrinology, diabetes, and metabolism. These guidelines help inform healthcare professionals who treat patients with postmenopausal osteoporosis. Please see your healthcare team for diagnosis and treatment. Learn more about AACE and postmenopausal osteoporosis at **www.aace.com** or call **(904) 353-7878**.