

1 Alendronate is recommended as a treatment option for the primary prevention of osteoporotic fragility fractures in the following groups:

- Women aged 70 years or older who have an independent clinical risk factor for fracture (see section 5) or an indicator of low BMD (see section 6) and who are confirmed to have osteoporosis (that is, a T-score of -2.5 SD or below). In women aged 75 years or older who have two or more independent clinical risk factors for fracture or indicators of low BMD, a DXA scan may not be required if the responsible clinician considers it to be clinically inappropriate or unfeasible.
- Women aged 65–69 years who have an independent clinical risk factor for fracture (see section 5) and who are confirmed to have osteoporosis (that is, a T-score of -2.5 SD or below).
- Postmenopausal women younger than 65 years who have an independent clinical risk factor for fracture (see section 5) and at least one additional indicator of low BMD (see section 6) and who are confirmed to have osteoporosis (that is, a T-score of -2.5 SD or below).

When the decision has been made to initiate treatment with alendronate, the preparation prescribed should be chosen on the basis of the lowest acquisition cost available.

2 Risedronate and etidronate are recommended as alternative treatment options for the primary prevention of osteoporotic fragility fractures in postmenopausal women:

- who are unable to comply with the special instructions for the administration of alendronate, or have a contraindication to or are intolerant of alendronate (as defined in section 7) **and**
- who also have a combination of T-score, age and number of independent clinical risk factors for fracture (see section 5) as indicated in the following table.

T-scores (SD) at (or below) which risedronate or etidronate is recommended when alendronate cannot be taken

| Age (years) | Number of independent clinical risk factors for fracture (section 5) | | |
|-------------|--|-------|-------|
| | 0 | 1 | 2 |
| 65–69 | – ^a | – 3.5 | – 3.0 |
| 70–74 | – 3.5 | – 3.0 | – 2.5 |
| 75 or older | – 3.0 | – 3.0 | – 2.5 |

^a Treatment with risedronate or etidronate is not recommended.

If a woman aged 75 years or older who has two or more independent clinical risk factors for fracture or indicators of low BMD has not previously had her BMD measured, a DXA scan may not be required if the responsible clinician considers it to be clinically inappropriate or unfeasible.

In deciding between risedronate and etidronate, clinicians and patients need to balance the overall proven effectiveness profile of the drugs against their tolerability and adverse effects in individual patients.

- 3 Strontium ranelate is recommended as an alternative treatment option for the primary prevention of osteoporotic fragility fractures in postmenopausal women:
- who are unable to comply with the special instructions for the administration of alendronate and either risedronate or etidronate, or have a contraindication to or are intolerant of alendronate and either risedronate or etidronate (as defined in section 7) **and**
 - who also have a combination of T-score, age and number of independent clinical risk factors for fracture (see section 5) as indicated in the following table.

T-scores (SD) at (or below) which strontium ranelate is recommended when alendronate and either risedronate or etidronate cannot be taken

| Number of independent clinical risk factors for fracture (section 5) | | | |
|--|----------------|-------|-------|
| Age (years) | 0 | 1 | 2 |
| 65–69 | – ^a | – 4.5 | – 4.0 |
| 70–74 | – 4.5 | – 4.0 | – 3.5 |
| 75 or older | – 4.0 | – 4.0 | – 3.0 |

^a Treatment with strontium ranelate is not recommended.

- 4 Raloxifene is not recommended as a treatment option for the primary prevention of osteoporotic fragility fractures in postmenopausal women.
- 5 For the purposes of this guidance, independent clinical risk factors for fracture are parental history of hip fracture, alcohol intake of 4 or more units per day, and rheumatoid arthritis.

- 6 For the purposes of this guidance, indicators of low BMD are low body mass index (defined as less than 22 kg/m²), medical conditions such as ankylosing spondylitis, Crohn’s disease, conditions that result in prolonged immobility, and untreated menopause².
- 7 For the purposes of this guidance, intolerance of alendronate, risedronate or etidronate is defined as persistent upper gastrointestinal disturbance that is sufficiently severe to warrant discontinuation of treatment, and that occurs even though the instructions for administration have been followed correctly.
- 8 For the purposes of this guidance, primary prevention refers to opportunistic identification, during visits to a healthcare professional for any reason, of postmenopausal women who are at risk of osteoporotic fragility fractures and who could benefit from drug treatment. It does not imply a dedicated screening programme.
- 9 Women who are currently receiving treatment with one of the drugs covered by this guidance, but for whom treatment would not have been recommended according to sections 1 to 4, should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

² Rheumatoid arthritis is also a medical condition indicative of low BMD.