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NEWSLETTER

Spring 2009

AUCKLAND Bonedensity
Managing Bone Health

Breaking News

Auckland Bone Density Website launched

www.bonedensity.co.nz

This site is user friendly and contains information about :

. Bone density testing

. Locations/directions for our facilities

. Our specialist medical staff

. All Newsletter topics

. Examples of patient questionnaires, reports and the scans themselves.

. Important and useful links within the bone health field.

It is designed to be informative for doctors, nurses and patients.

Your feedback is welcome.

AUCKLAND BONE DENSITY NEWSLETTER

Spring 2009

AUCKLAND Bonedensity Managing Bone Health

ACCESS TO POTENT BISPHOSPHONATE THERAPY

PHARMAC CRITERIA 1 OCTOBER 2009

Access to the only funded and effective treatment to reduce osteoporotic fracture (Fosamax, Fosamax Plus) is via the previous 4 criteria but now **also** includes a 10-year risk of hip fracture of >3%, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD (bone mineral density) DXA measurements.

More than before, the new criterion encourages "risk detection and management" including proven, easily assessable patient risk factors and DXA measurement. DXA is encouraged unless two or more significant fractures have already occurred, or the patient is "elderly" or densitometry is not practical for major reasons and there is a history of "significant" osteoporotic fracture. The new criterion will allow a wider group of patients to access effective treatment.

PRIMARY PREVENTION

Patients "at risk" should consider screening. Clinicians are not good at estimating absolute risk of fractures without risk tables (MSD Bone Forum, 2009). The result of risk assessment by DXA measurement provides criteria for medical management (primary prevention) and management advice. As per WHO guidelines there is no value in undergoing screening unless the results inform and support management decisions. DXA is not a radiological investigation **just** to "diagnose" osteoporosis. When results of DXA testing are reassuring, the follow-up scanning interval should be determined by an understanding of the rate of change of risk in that particular person (including age, medicines, menopausal status, etc.).

SECONDARY PREVENTION

Patients with fragility fracture need to undergo risk assessment to establish a diagnosis and to estimate future fracture risk. This is done with FRAX (or Dubbo) tools. This estimates risk and is (from 1 October) an important criterion for funded medical management.

PRACTICE POINTS

1. MSD provide vouchers for DXA scanning patients under the age of 75 years, who are at risk of osteoporosis. Identification of that risk in any woman over 60 years with clinical risk factors, or over 65 years with no obvious risk factors (and 5-10 years older in men) is likely to identify a significant number of people crossing the 3% threshold. Additionally, all those with prior minor trauma fracture should be risk-assessed using DXA and the FRAX or Dubbo tools.
2. Use a DXA provider who understands the appropriate value of densitometry, and specifically can advise on risk management. ABD reporters are all specialist physicians with well-established clinical and or research interests in this field, with acknowledged expertise nationally and internationally. **All** DXA scans are physician-read.
3. Use a DXA provider who understands patient risk factors, and therapies and can assist in accessing government-funded treatment on behalf of your patient where applicable.
4. Use a DXA provider who understands and uses absolute risk assessment tools to inform, and where applicable enable treatment. ABD has been reporting FRAX risk for 15 months.
5. Use a DXA provider that advises a follow-up scanning interval appropriate to the patient. In most circumstances this is 2 years, or more.