



Recommendations from the Secondary Fracture Prevention Initiative

Preventing fractures and treating osteoporosis can be complicated, but here is a simple way to think of it: One broken bone is bad, but a second broken bone is unacceptable.

As a consumer, you have an important role to play.

A coalition of 39 groups, including medical societies and patient advocates, published *Secondary Fracture Prevention: Consensus Clinical Recommendations from a Multistakeholder Coalition*. These recommendations are for health care providers and based on the latest scientific evidence. The goal is to reduce the number of repeat fractures in the U.S.

The recommendations are for adults 65 and over who have broken a hip or spine bone. These people are at highest risk of breaking another bone.

We want you to know about and understand the Secondary Fracture Prevention recommendations so you can work with your health care provider if you or a loved one 65 or older has a hip or spine fracture.

What you need to know about preventing a second broken bone

- A broken hip or spine bone means you have osteoporosis. You are at high risk for breaking a second bone, especially within the next two years.
- Breaking bones means you could lose your ability to get around and live independently. At worst, you could need a walker or wheelchair, or you might have to move to a nursing home. You could even die.
- Osteoporosis is a lifelong condition. If you have osteoporosis, speak with your health care provider regularly to check your progress.
- Most important, take steps to reduce your risk of a breaking a second bone.

Work with your provider to reduce fracture risk

- Tell your regular primary care provider (PCP) you had a fracture. Ask for a bone health evaluation.
- As part of the bone health evaluation, your PCP should assess your risk of falling by reviewing:
- How many falls you have had in the past year.
- Medicines you are taking that can cause falls.
- Medical condition(s) you have that can cause falls.
- If you should see a physical therapist or other provider to help improve your strength and balance.
- Ask your PCP if you should see an osteoporosis specialist to rule out other causes for bone loss, such as hyperparathyroidism or chronic kidney disease.
- Review these additional prevention steps with your PCP to reduce your risk.
- Take at least 20 mcg (800 IU) of a vitamin D supplement daily.
- Take a daily calcium supplement if you do not get 1,200 mg a day of calcium from food.
- Quit smoking.
- Consume no more than two alcoholic drinks a day (for men) or one drink a day (for women).
- Do physical activity or exercise at least three times a week, including weight bearing, muscle strengthening, balance and posture exercises.

An osteoporosis medicine can reduce your risk of more broken bones

- If your PCP suggests an osteoporosis medicine, do not wait to get a bone mineral density (BMD) test before starting.
- Check with your dentist before starting Prolia® or a bisphosphonate like Fosamax®.
- If you had surgery because of a hip fracture or a spine fracture:
- You can start medicines taken by mouth in the hospital.
- You can start injected medicines two weeks after leaving the hospital.
- If you have not started a medicine, follow up with your PCP soon after you leave the hospital.

Understand your osteoporosis medicine options and their risks and benefits

- Osteoporosis medicines can reduce your risk of breaking more bones by 35% to 70%.
- The first-line medicines to prevent broken bones are oral bisphosphonates such as alendronate and risedronate or IV bisphosphonates (like zoledronate) or Prolia.
- For those at highest risk of more broken bones, bone-building medicines can be helpful. You may need to see an osteoporosis specialist.
- Your chance of breaking another bone in the next year is 18,000-in-100,000. Your chance of a rare side effect from an osteoporosis medicine is only 1-in-100,000. Discuss the pros and cons with your PCP; but know that rare side effects are rare.
- Just like the other medicines you take, your PCP needs to monitor your osteoporosis medicine. Ask your PCP to review your osteoporosis medicine with you every year.
- Do not stop taking Prolia without starting another drug in its place. There can be a risk of rapid bone loss and fractures.
- If you have a broken bone while taking an osteoporosis medicine, you may need to see an osteoporosis specialist.

Good communication and working together can help prevent a second broken bone.

For more information on these recommendations and the **Secondary Fracture Prevention Initiative**, go to SecondaryFractures.org.

About the Secondary Fracture Prevention Initiative

The American Society for Bone and Mineral Research assembled a coalition of 39 groups from all segments of the bone health community—from medical societies to patient advocates. Their goal was to provide recommendations that all members could agree on. The coalition sees these recommendations a beginning and will build on them as more science becomes available.

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