

2023 Philippine Clinical Practice Guidelines on Screening, Diagnosis, Management, and Prevention of Primary Osteoporosis and Fragility Fractures Among Postmenopausal Women and Older Men



WONCA 2024
APR Conference 21 – 24 August | Singapore
In conjunction with Singapore Primary Care Conference 2024



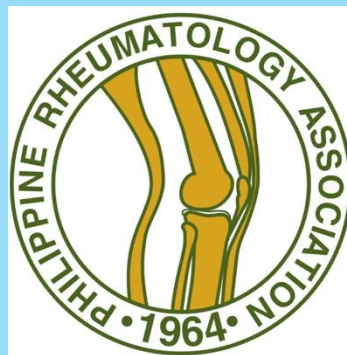
- ❖ **Prof. Eva Irene Y. Maglonzo, MD, MHPEd**
- ❖ **Past President, Philippine Academy of Family Physicians and Philippine College of Gerontology and Geriatrics**
- ❖ **Medical Specialist 3, Philippine General Hospital**
- ❖ **Evidence Based Expert and Co-author, 2023 Philippine Clinical Practice Guidelines on Screening, Diagnosis, Management, and Prevention of Primary Osteoporosis and Fragility Fractures Among Postmenopausal Women and Older Men**

Philippines



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Disclosure *GUIDELINE* *DEVELOPMENT TEAM*

NO CONFLICT OF INTEREST

Prepared by:

Osteoporosis Society of the Philippines Foundation, Inc.
(OSPFI)
Philippine Academy of Family Physicians (PAFP)
Philippine College of Endocrinology Diabetes and
Metabolism (PCEDM)
Philippine Orthopaedic Association (POA)
Philippine Obstetrical and Gynecological Society (POGS)
Philippine Rheumatology Association (PRA)

GUIDELINE DEVELOPMENT METHODOLOGY

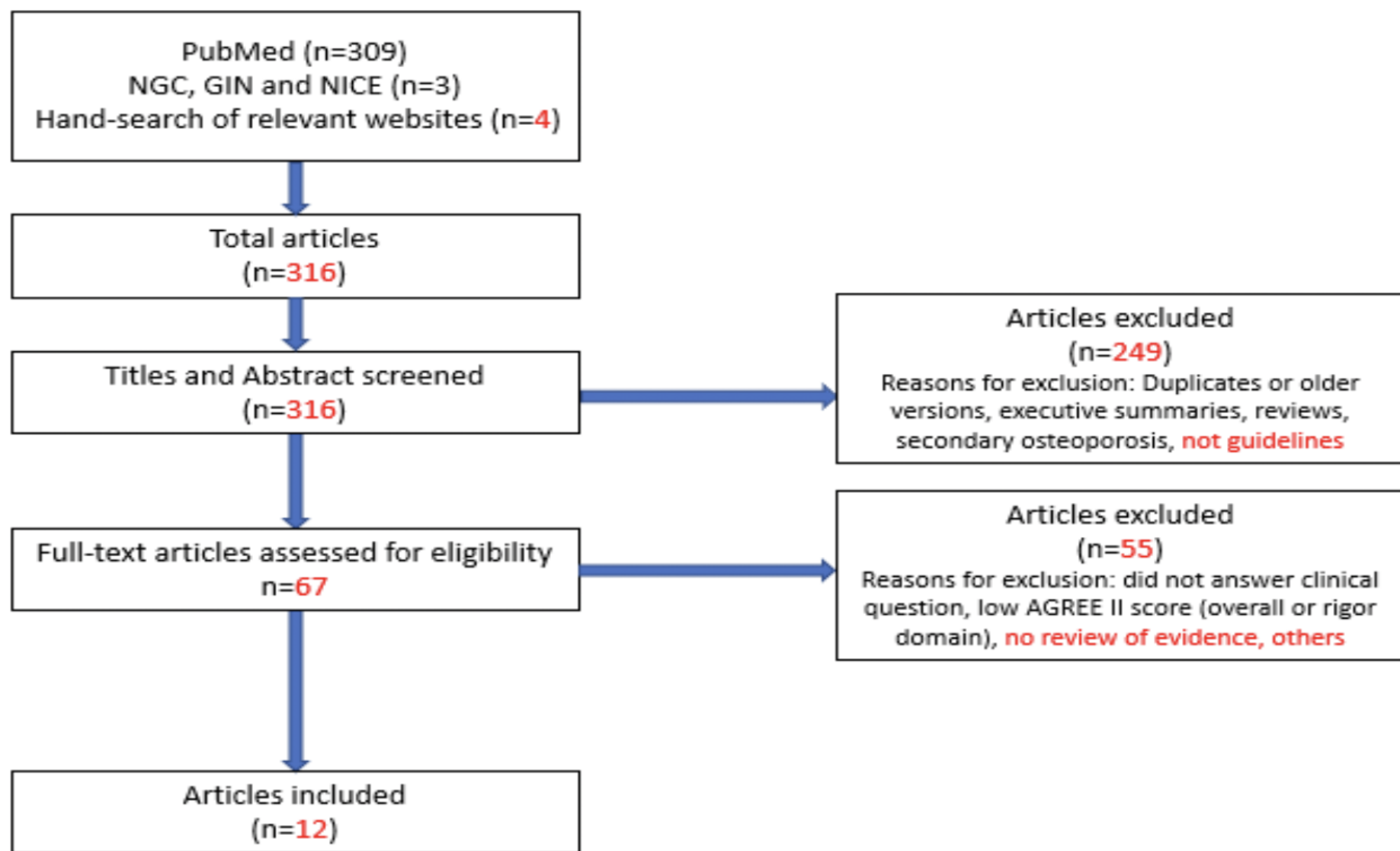
1. Formulation of recommendations
 - a. Generating the research questions using the PICO format
 - b. Search, retrieval and selection of guidelines through *MEDLINE/Pubmed, National Guidelines Clearinghouse, Guideline International Network, National Institute for Clinical Evidence*
 - c. Guideline adaptation using the ADAPTE process
 - d. De Novo guideline process
 - e. Drafting the recommendations using GRADE approach
2. Consensus building with panel
3. Review by external stakeholders

Identification

Screening

Eligibility

Included



GIN = Guideline International Network; NGC = National Guideline Clearinghouse; NICE = The National Institute for Health and Care Excellence

GUIDELINE DOMAINS

1. Screening & assessment
2. Prevention
3. Diagnosis
4. Pharmacologic Interventions
5. Non pharmacologic
interventions
6. Surgical Management
7. Follow up Care



SCREENING AND ASSESSMENT



SCREENING AND ASSESSMENT

It is recommended that the following individuals be screened for Osteoporosis:

1. All Postmenopausal women
2. Men aged 60 and above
3. All adults with clinical risk factors

Osteoporosis screening should be performed using the FRAX tool; The OSTA may be an alternative to the FRAX.



PREVENTION



PREVENTION

Among at risk adults with. normal FRAX and BMD scores, calcium and vitamin D is recommended for those who do not meet country reference standards.

Among PMW, the ff are recommended

Vitamin D 400-600 IU/day and Calcium 700-800 mg/

Physical activity using combination of exercises

Smoking cessation

Balanced or nutrient dense diet



DIAGNOSTIC PROCEDURES

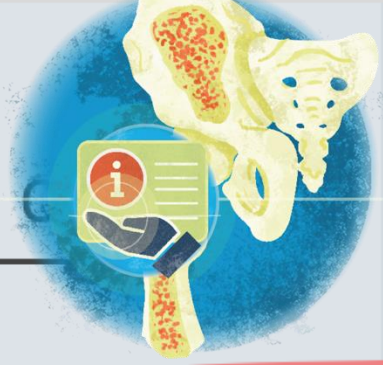


DIAGNOSTIC PROCEDURES

Among at risk PMW, it is recommended that BMD using DXA be used for the diagnosis of osteoporosis.

Among at risk **PMW with vertebral fractures**, it is recommended that vertebral fracture assessment using **DXA or lateral spine radiograph** be used.

Among at risk **PMW without vertebral fractures**, it is suggested that **FRAX without BMD** be used for the diagnosis of osteoporosis in settings where BMD is not available or feasible.



PHARMACOLOGIC



PHARMACOLOGIC

Among PMW with osteoporosis, it is recommended that **alendronate, denosumab, risedronate and zoledronate** be used as **initial therapy** to reduce vertebral, non vertebral and hip fractures.

Ibandronate or raloxifene can be an **alternative treatment** in reducing vertebral fractures in certain cases.

Among PMW with **severe osteoporosis**, it is recommended that **teriparatide, abaloparatide and romozosumab** be used.
Treatment duration of bone forming agents for maximum treatment benefits is recommended to be referred to specialists.



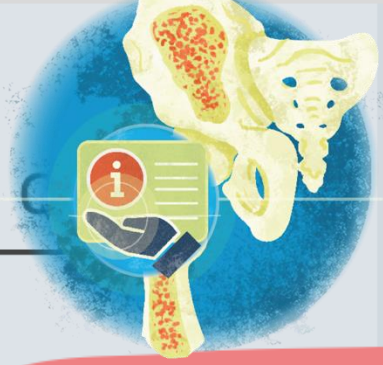
NON PHARMACOLOGIC



NON PHARMACOLOGIC

Among PMW with osteoporosis, calcium and vitamin D is recommended along with anti-osteoporosis medications to reduce the risk of fragility fractures (Calcium 700-1200 mg/day, Vitamin D 800IU/day)

Among PMW with osteoporosis, it is recommended that calcium insufficiency be treated prior to initiation of anti osteoporosis drugs. It is also recommended that vitamin D deficiency should be addressed alongside the initiation of anti-osteoporosis drugs.



SURGICAL MANAGEMENT



SURGICAL MANAGEMENT

Among patients **65 years old and above**, it is **not recommended to proceed with surgery** to improve long term patient functional outcomes.

Among patients with **painful osteoporotic compression fracture** of the spine, it is suggested that **kyphoplasty** be done over non surgical treatment for acute pain control and improved QOL.

Among patients with **sustained fragility fracture of the hip**, it is suggested that **early surgical management (24-48 hours)** be done to reduce morbidity and improve survival.

SURGICAL MANAGEMENT

Among patients who have experienced a **fragility fracture**, it is recommended that they be managed within a formal integrated system that incorporates a **Fracture Liason service (FLS)** to prevent re-fracture and improve adherence to osteoporosis treatment .

Among patients with fragility fractures, it is recommended that they have both pharmacologic and non pharmacologic interventions.



FOLLOW UP CARE



FOLLOW UP CARE

Among adults **receiving osteoporosis treatment**, it is recommended that central **DXA test** should be done **every 1-2 years** especially in patients at high risk for fracture, then at longer intervals thereafter once definite satisfactory treatment response is achieved

FOLLOW UP CARE

It is recommended that patients with the following **risk factors/conditions** be **referred to an osteoporosis specialist**:

- ❖ patients with fragility fracture and/or subsequent fragility fractures
- ❖ BMD T-score ≤ -3.5
- ❖ treatment with high dose glucocorticoids (≥ 7.5 mg/day of prednisolone or equivalent over 3 months)
- ❖ patients with co-morbidities such as CKD, endocrine and rheumatic diseases

KEY TAKE AWAY

Strong bones, strong seniors:

**Early osteoporosis care
matters.**



Thank you

We invite you all to the 2026 WONCA APR conference in
Iloilo City, Philippines



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