



# 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



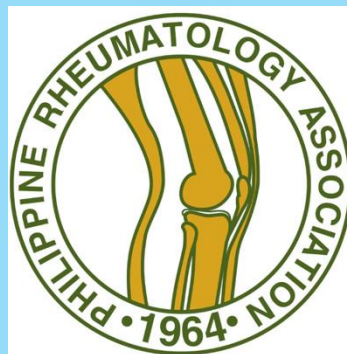
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**Philippines**



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# Disclosure *GUIDELINE* *DEVELOPMENT TEAM*

**NO CONFLICT OF INTEREST**

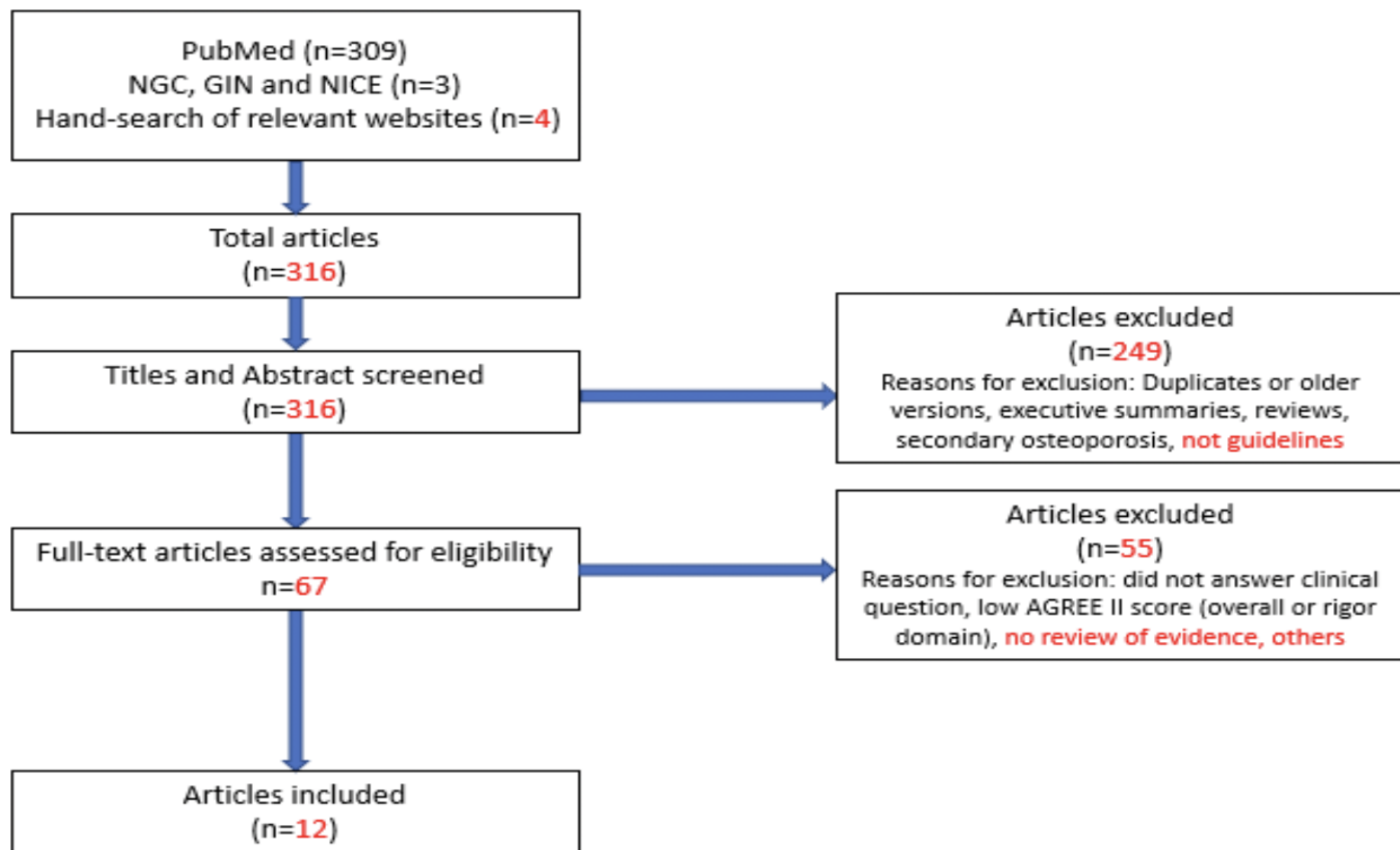
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Philippine Obstetrical and Gynecological Society (POGS)  
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# GUIDELINE DEVELOPMENT METHODOLOGY

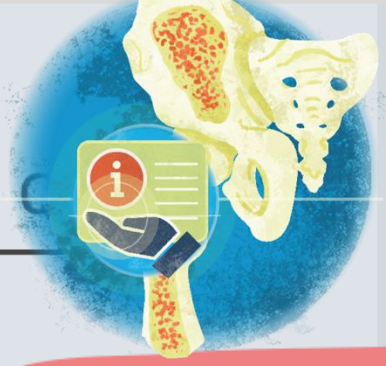
1. Formulation of recommendations
  - a. Generating the research questions using the PICO format
  - b. Search, retrieval and selection of guidelines through *MEDLINE/Pubmed, National Guidelines Clearinghouse, Guideline International Network, National Institute for Clinical Evidence*
  - c. Guideline 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



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.**

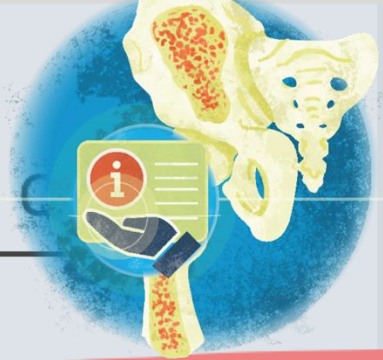
**Among PMW, the ff are recommended**

**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



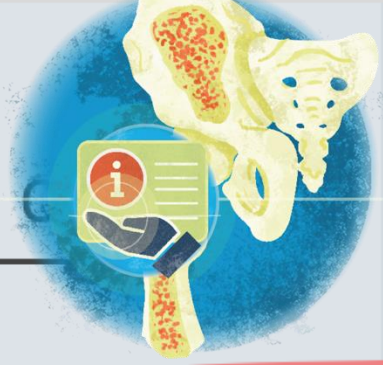
# DIAGNOSTIC PROCEDURES

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.



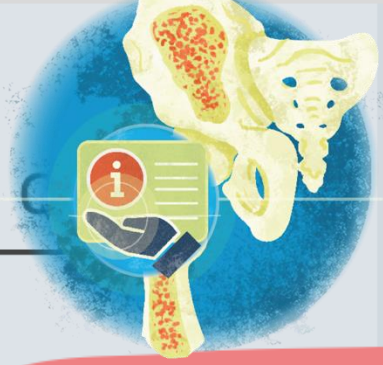
# NON PHARMACOLOGIC



# 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



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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**:

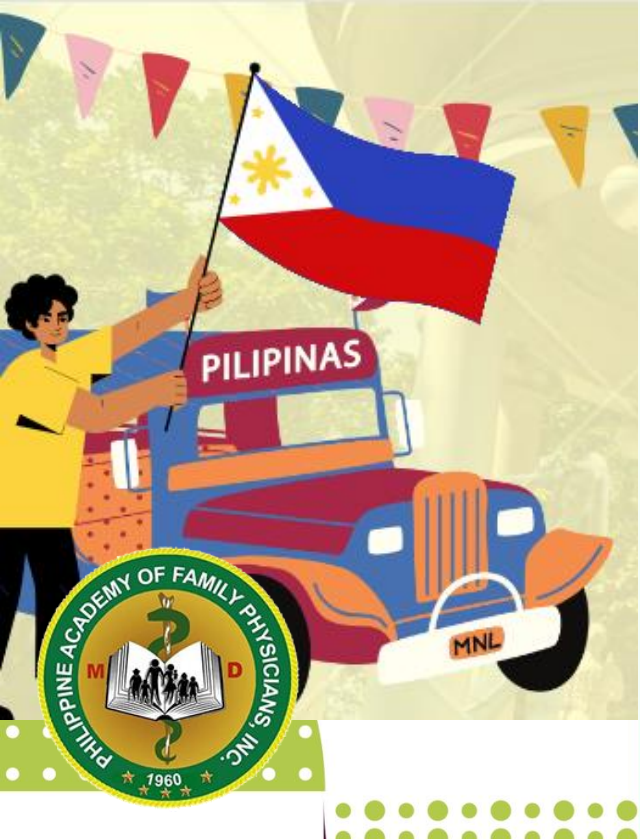
- ❖ patients with fragility fracture and/or subsequent fragility fractures
- ❖ BMD T-score  $\leq -3.5$
- ❖ treatment with high dose glucocorticoids ( $\geq 7.5$  mg/day of prednisolone or equivalent over 3 months)
- ❖ patients with co-morbidities such as CKD, endocrine and rheumatic diseases



## 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 on March 4-6, 2024



WONCA APRC  
Iloilo City, Philippines  
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