

Useful links:
Osteoporosis Ireland at
www.osteoporosisireland.ie

FRAX: WHO Fracture Risk
Assessment Tool available at
www.shef.ac.uk/FRAX/index.htm

The service commenced in October 2008, 2 1/2 days per week— Tuesday & Thursday mornings. The service offers 6 appointments during each session exclusively for GP access.

Since starting in October the service has reached full capacity within the existing hours of operation.

Statistics to date:

October 2008	13
November 2008	41
December 2008	31
January 2009	43
February 2009	43
March 2009	36
Total	207



The DEXA Service is delivered from within the existing compliment of radiographers in SVUH. A Consultant radiologist with a special interest in musculoskeletal imaging issues an interpretative report which is returned to the GP for follow-up and treatment. The radiology service has links with the Rheumatology DEXA service to ensure uniformity across protocols and standard of service provided. Knowledge sharing and peer support underpins the service: archiving plans to store images from both sources on the PACS; attendance at International educational study days and monthly meetings at clinical level. These measures have been put in place to ensure your patient's receive the highest level of care possible.



Karen Creagh, Lead DEXA Radiographer

Referrals for DEXA should follow the pathway recommendations as outlined overleaf.

The following audit was carried out on the referrals received during February 2009.

As with all diagnostic examinations, resources are precious and should be used appropriately to answer clinical questions.

DIRECT ACCESS SERVICES AVAILABLE TO GPs:

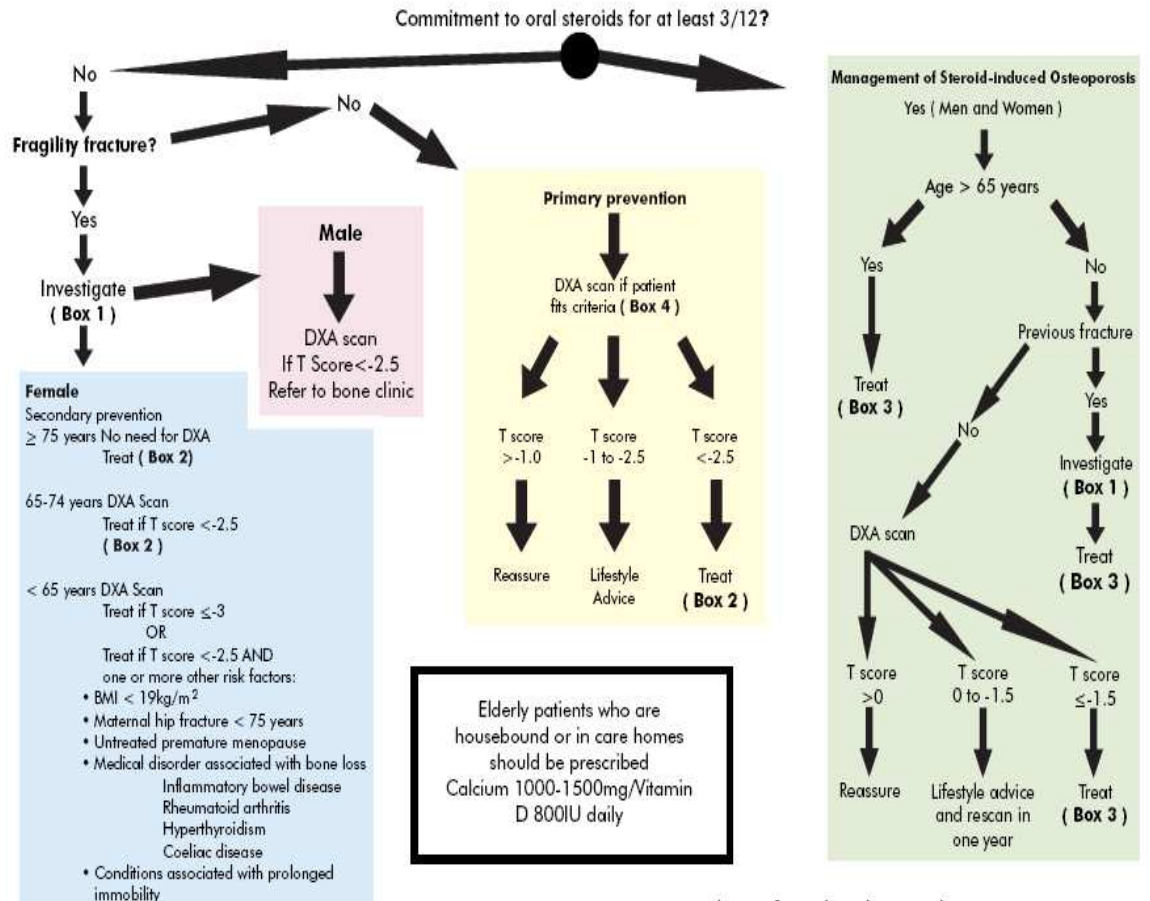
- Walk in plain x-rays—
- Monday-Friday 0830-1700
- Appointments issued for:
- IVPs
- Ba enema, meal & swallows
- OPG & Intra-oral
- Ultrasound
- DEXA

Age Range	Under 50		50-60	60-70	Over 70	Max	Min	Male
	2		10	22	8	88	44	1 – 38yrs
Clinical Indications	Osteoporosis		Osteopenic		HRT/Baseline	Routine screen	Hx #	Other
		With F/H		Follow up				
	23	6	6	3	6	4	4	8
Catchment Area	Dublin	Co Dublin	Co Wicklow	Co Kildare				
	16	22	3	2				



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Investigation and Management of patients with or at risk of Osteoporosis



Box 1

Investigation of fragility fractures

The following investigations are recommended

- FBC/ESR
- SMAC
- Bone profile
- Thyroid
- Serum immunoglobulins/urinary Bence Jones protein

Box 2

Treatment of osteoporosis

First line Bisphosphonates (alendronate, risedronate)
PLUS Calcium 1000-1500mg/Vitamin D 800IU

Second line Raloxifene, Strontium ranelate PLUS Calcium
1000-1500mg/Vitamin D 800IU

Teriparatide Women 65 years and over only (secondary care referral)
Unsatisfactory response to bisphosphonates (further fragility fractures despite adhering fully to therapy for 1 year, and evidence of decline in BMD below pre-treatment baseline) OR Intolerance to Bisphosphonates (oesophageal ulceration, erosion or stricture or severe GI symptoms warranting discontinuation of therapy)
AND
Extremely low BMD (T score approximately -4 or lower)
OR
Very low BMD (T score -3 or below) plus multiple fractures (>2) and one or more additional age-independent risk factors:
BMI < 19kg/m²; maternal hip fracture < 75 years; untreated premature menopause; conditions associated with prolonged immobility.

Box 3

Treatment of steroid-induced osteoporosis

Bisphosphonates (alendronate, risedronate) AND Calcium 1000-1500mg/Vitamin D 800IU

Box 4

Indications for DXA scan

Fragility fracture, age < 75 years
Oral steroid therapy, age < 65, no fracture
Prolonged secondary amenorrhoea
Radiographic evidence of osteopenia
Premature menopause
Chronic diseases associated with osteoporosis
Anorexia Nervosa
Malabsorption
Primary Hyperparathyroidism
Post-transplantation
Chronic Renal failure
Hyperthyroidism
Prolonged Immobilisation
Cushing's syndrome
Rheumatoid Arthritis
Postmenopausal women with maternal hip fracture or BMI < 19kg.m
Monitoring therapy- at least 18 month interval

Box 5

Referral to secondary care clinic

Men with confirmed osteoporosis
Diagnostic and management difficulties
Intolerant of common therapies
Further fractures despite therapy compliance
Meets criteria for teriparatide therapy
Other metabolic bone disease eg Pagets

