**Indicator area:** Rheumatoid arthritis  
**Indicator:** NM57  
**Date:** August 2016

**Indicator: NM57**

The percentage of patients aged 50-90 years with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 27 months

**Introduction**

Rheumatoid arthritis is an inflammatory disease which largely affects synovial joints, which are lined with a specialised tissue called synovium. It typically affects the small joints of the hands and the feet, and usually both sides equally and symmetrically, although any synovial joint can be affected. It is a systemic disease and so can affect the whole body, including the heart, lungs and eyes.

**Rationale**

Assessing for risk of fracture is an important part of holistic primary care for people with rheumatoid arthritis.

Fracture risk assessment should not be performed routinely in people under 50 years old unless they have major risk factors such as current or frequent use of oral or systemic glucocorticoids, untreated, premature menopause or previous fragility fracture. Therefore, the age range for this indicator has been set at 50 to 90 years.

A 10 year predicted absolute fracture risk should be calculated using either the tool [FRAX](https://www.shef.ac.uk/FRAX) (without a bone mineral density value) or [QFracture](https://www.qfracture.com).
Following risk assessment, measurement of bone mineral density should be considered:

- in people whose fracture risk is in the region of the intervention threshold for proposed treatment; or

- before starting treatments that may adversely affect bone density, for example high dose glucocorticoids.

Absolute fracture risk should then be recalculated using FRAX.

The draft guidance also recommends that fracture risk should be recalculated when there is a change in the patient’s risk factors or after a minimum of 2 years if the original calculated risk was close to the intervention threshold for treatment.

**Source guidance and recommendations**


- Recommendation1.5.1.4: Offer people with rheumatoid arthritis an annual review to:
  - assess disease activity and damage, and measure functional ability (using, for example, the Health Assessment Questionnaire [HAQ])
  - check for the development of comorbidities, such as hypertension, ischaemic heart disease, osteoporosis and depression
  - assess symptoms that suggest complications, such as vasculitis and disease of the cervical spine, lung or eyes
  - organise appropriate cross referral within the multidisciplinary team
  - assess the need for referral for surgery
  - assess the effect the disease is having on a person’s life.
Reporting and verification

The practice reports the percentage of patients with rheumatoid arthritis aged between 50 to 90 years who have had an assessment of fracture risk using either QFracture or FRAX in the preceding 27 months.

Patients with a pre-existing diagnosis of osteoporosis or who are currently treated with bone sparing agents will be excluded from the denominator of this indicator. Patients are considered to be ‘currently treated’ if they have had a prescription for a bone sparing agent within the past 6 months of the QOF year.

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

https://www.nice.org.uk/Standards-and-Indicators/index