Quality and outcomes framework (QOF) indicator guidance

Indicator area: Osteoporosis: secondary prevention of fragility fractures

*Indicator for NICE menu (NM30)*

The percentage of patients aged between 50 and 74 years, with a fragility fracture, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent

**Rationale**

Primary care plays a significant role in establishing the diagnosis and in the long-term management of osteoporosis. In the absence of fracture, osteoporosis is asymptomatic and often remains undiagnosed.

Fragility fractures are fractures that result from low-level trauma, which means mechanical forces that would not ordinarily cause fracture. The World Health Organisation (WHO) has described this as a force equivalent to a fall from a standing height or less. Reduced bone density is a major risk factor for fragility fractures.

The management of osteoporosis includes lifestyle advice, such as advice on adequate nutrition, regular weight-bearing exercise, stopping smoking and avoiding alcohol, to reduce the risks of osteoporosis. Interventions for secondary prevention of fractures in people who have had an osteoporotic fragility fracture include pharmacological intervention.
The SIGN guideline on management of osteoporosis recommends that patients who have had a fragility fracture who require treatment with a bone-sparing agent also receive appropriate calcium and/or vitamin D supplementation\(^2\).

NICE technology appraisal 161 states that alendronate is recommended as a treatment option for the secondary prevention of osteoporotic fragility fractures in postmenopausal women who are confirmed to have osteoporosis. When the decision has been made to initiate treatment with alendronate, the preparation prescribed should be chosen on the basis of the lowest acquisition cost available\(^3\). Risedronate and etidronate are recommended as alternative treatment options for the secondary prevention of osteoporotic fragility fractures in postmenopausal women:

- who are unable to comply with the special instructions for the administration of alendronate, or have a contraindication to or are intolerant of alendronate \textbf{and}
- who also have a combination of T-score, age and number of independent clinical risk factors for fracture as indicated in the following table.

T-scores (SD) at (or below) which risedronate or etidronate is recommended when alendronate cannot be taken

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Number of independent clinical risk factors for fracture(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–54</td>
<td>0</td>
</tr>
<tr>
<td>55–59</td>
<td>−3.0</td>
</tr>
<tr>
<td>60–64</td>
<td>−3.0</td>
</tr>
<tr>
<td>65–69</td>
<td>−3.0</td>
</tr>
<tr>
<td>70 or older</td>
<td>−2.5</td>
</tr>
</tbody>
</table>

\(^a\) Independent clinical risk factors for fracture are parental history of hip fracture, alcohol intake of four or more units per day, and rheumatoid arthritis.

\(^b\) Treatment with risedronate or etidronate is not recommended.

For more information see NICE technology appraisal 161, available from www.nice.org.uk/guidance/TA161
The SIGN clinical guideline\(^2\) states that to reduce fracture risk at all sites, men with low BMD and/or a history of one or more vertebral fractures or one non-vertebral osteoporotic fracture should be treated with oral alendronate.

**Reporting and verification**

Patients are considered to be ‘currently treated’ if they have had a prescription for a bone-sparing agent within the last 6 months of the QOF year.

**References**


**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 [www.nice.org.uk/aboutnice/qof/indicators.jsp](http://www.nice.org.uk/aboutnice/qof/indicators.jsp)

**Publication date**

This NICE indicator guidance for QOF was last updated in August 2011.