1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Osteoporosis – part 1: risk assessment, vertebral fracture identification and treatment criteria

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

The initial scope and EIA for osteoporosis also covered a broader range of topics. The guideline will now be developed in two parts: part 1 covers risk assessment, vertebral fracture identification and treatment criteria; part 2 covers treatment (pharmacological, exercise, calcium and vitamin D), follow up for those on treatment and treatment pauses. This EIA only covers issues related to part 1.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
• Age To take into account that the risk of fracture increases with age the guideline has made different recommendations for risk assessment by age group. Vertebral fragility fractures were also highlighted as often being missed and particularly in older people. The guideline aimed to cover this with 3 review questions related to vertebral fragility fracture identification. This resulted in a research recommendation for the Vfrac risk assessment tool for 1 review; recommendations on when to consider vertebral fracture assessment (VFA) when doing a dual-energy X-ray absorptiometry (DXA); and a link to the NICE health technology evaluation on artificial intelligence (AI) technologies to aid opportunistic detection of vertebral fragility fractures: early value assessment. • Disability The committee were aware of a new risk assessment tool for people with learning disabilities. However, at the time of finalising the draft recommendations a peer reviewed article was not available to include the

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evidence in the guideline. The articles relating to the clinical and cost effectiveness of this tool are waiting peer reviewed publication.

- Gender reassignment

  Stakeholder consultation on the EIA noted that hormone blockers used in gender reassignment are associated with bone loss and that transgender men's risk of osteoporosis may be overlooked if they transitioned at a late age. Taking medicines that are associated with fracture risk is included as a risk factor for fragility fracture. The committee did not make specific recommendations for trans and non-binary people because the information available at the time of development for these groups of people was too limited.

- Pregnancy and maternity

  A surveillance review in 2024 found no new evidence to suggest that pregnancy and postpartum is a risk factor for osteoporosis, as pregnancy associated osteoporosis is an ultra-rare condition. The conclusion was not to include it as a specific group within the guideline. The committee agreed that pregnancy associated osteoporosis would need specialist management.

- Race

  No evidence was available to suggest different recommendations were needed in the guideline. Recommendations to address issues related to language barriers are covered in the NICE guideline on patient experience in adult NHS services.

- Religion or belief

  No issues identified.

- Sex

  To take into account that the risk of fracture is higher for postmenopausal women than men of a similar age, the guideline has made recommendations for risk assessment by age group.

- Sexual orientation

  No issues identified

- Socio-economic factors

  No evidence was available to suggest specific recommendations were needed for this group.

- Other definable characteristics:

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
Refugees, asylum seekers and people who are homeless are at risk of not being able to follow up their treatment because they may not have a fixed address. While access issues for DXA in general have not been dealt with in this guideline people in this group are also covered by the recommendation about what to do when DXA is not always technically feasible or tolerated. This recommends that a shared decision with the person should be made about the appropriateness of treatment without the DXA results if the person meets the other criteria for treatment. Prisoners and young offenders not being able to follow up their treatment is covered by recommendations in the NICE guideline on physical health of people in prison.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
No new issues identified

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
Recommendations have been made by age groups to reflect the increased risk of fragility fracture as people get older, and by sex to reflect the increased risk of fragility fracture in women, particularly following the menopause. This is discussed in the rationales and committee discussions in the evidence reviews.

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3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
• Age and disability DXA is not always technically feasible or tolerated (for example, in older people who are living with frailty or are housebound for whom DXA is not suitable).

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No issues were identified other than those covered in points 3.4 and 3.6.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?
When DXA is not always technically feasible or tolerated the committee recommend that a shared decision with the person should be made about the appropriateness of treatment without the DXA results if the person meets the other criteria for treatment.

Completed by Developer _____Carlos Sharpin_____

Date_____10/12/25_____

Approved by NICE quality assurance lead ____Sara Buckner_____

Date_____29/12/2025_____