

National Osteoporosis Society comments on assessment report re strontium ranelate and the addendum for primary prevention

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| <p>The NOS commends the assessment group for producing a comprehensive and detailed report and accompanying documents.</p> | <p>General comment</p> |
| <p>The Society is encouraged to note in the report that collaboration has taken place with the clinical guideline development group and hopes this will continue. The Society believes that in order to reduce confusion and facilitate effective implementation of the guidance by health care professionals, the appraisal guidance for both primary and secondary prevention must be consistent with the recommendations of the clinical guideline. To that note, as a new economic model has now been developed for secondary prevention, the NOS would urge NICE to review published TA no87 in time for inclusion in the clinical guideline.</p> | |
| <p>The NOS's major concern is about the identification strategy. The Society finds it difficult to accept that women aged less than 70 years will not be offered BMD assessment despite having clinical risk factors. For example, it is counterintuitive to good clinical practice to deny BMD assessment to a 64 year old woman taking 15 mg/day prednisolone who is at significantly increased risk of fracture and in need of anti-fracture treatment. The Society hears from women much younger than 70 years with a variety of different risk factor combinations for whom treatment is deemed to be clinically appropriate.</p> | <p>Primary prevention - general</p> |
| <p>The NOS is pleased to see that cost-effective scenarios for strontium ranelate have been identified for women at relatively high risk of osteoporotic fracture. However, the Society would urge NICE not to impose too stringent criteria around use of the drug for other post-menopausal women who cannot tolerate the bisphosphonates. The NOS often hears from women who are unable to comply with the dosing instructions for the bisphosphonates or experience side effects and therefore need another effective treatment option. Furthermore, as there is a rapidly declining evidence base for using calcium and vitamin D supplementation on its own in older women, there is a real need for an alternative to bisphosphonates in this age group.</p> | <p>Primary prevention - strontium</p> |
| <p>The NOS is unsure from the report whether NICE is adopting a £20k cost per QALY threshold or a £30K threshold. If adopting different thresholds for primary and secondary prevention the Society is concerned that NICE will be penalising those women who haven't fractured but who are actually at comparable risk to those who have.</p> | <p>General comment</p> |
| <p>Finally, the NOS commends NICE for developing an identification strategy based on absolute risk of fracture to direct decisions about treatment but would ask NICE to ensure that in the final recommendations the information is presented in a less confusing manner that has pragmatic use in a clinical setting.</p> | <p>General comment</p> |