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National Institute for Health and Clinical Excellence

**Health Technology Appraisal**

**Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women**

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**Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women**

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**Royal College of Nursing**

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With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

**Response to Appraisal Consultation Documents**

The Royal College of Nursing welcomes the Appraisal Consultation Documents for primary and secondary prevention of osteoporosis.

**Primary prevention** – We consider that the relevant evidence has been considered and the document is a reasonable interpretation of the evidence. However, there are some specific questions regarding the evidence base that are unclear:

- a) Whether sufficient analysis has been taken into account in the broader more complex clinic issues in relation to managing patients who have more risk factors (in effect those at very high risk of primary osteoporosis) yet do not adequately reflect in T score values?
- b) Additional issues related to providing for men

- c) Will there be a specific guidance for the management of patients requiring regular steroid therapies?
- d) Is there sufficient evidence to suggest identifying patients with 2 or more risk factors or other such tools that measure proposed in scoping such as fracture probability measures that might be more useful than DEXA?
- e) Is there any evidence that suggests which risk factors DEXA are not required as a decision to treat but should be used as a measure of efficacy and concordance?

**Secondary prevention** – In our view the relevant evidence has been considered and the Appraisal Consultation Document is a reasonable interpretation of the evidence. However, as above, there are some specific questions regarding the evidence base which are unclear:

- a) How should patients with more than one clinical risk factor be treated (e.g. different age bands +Rheumatoid Arthritis and corticosteroids for more than 3 months) +/- T score values?
- b) Was there sufficient analysis/evidence available that has been taken into account in the broader more complex clinic issues in relation to managing patients who have more risk factors (in effect those at very high risk of secondary osteoporosis) yet do not adequately reflect in T score values?

The RCN would welcome guidance to the NHS on the use of this health technology.