

Understanding NICE guidance

Information for people who use NHS services

Denosumab for preventing bone fractures in postmenopausal women with osteoporosis

NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS.

This leaflet is about when **denosumab** should be used to treat postmenopausal women (that is, women who have gone through the menopause) with osteoporosis in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for postmenopausal women with osteoporosis, but it may also be useful for their families or carers or for anyone with an interest in the condition.

It does not describe osteoporosis or the treatments in detail – a member of your healthcare team should discuss these with you. You can get more information from the organisations listed on the back page.



This may not be the only possible treatment for osteoporosis. Your healthcare team should talk to you about whether it is suitable for you and about other treatment options available.

What has NICE said?

NICE recommends denosumab as a possible treatment for preventing bone fractures in some postmenopausal women with osteoporosis (see below).

Who can have denosumab?

If you have not had a bone fracture caused by osteoporosis, you should be able to have denosumab if:

- your doctor thinks you are at risk of having a fracture (see below) **and**
- you can't take alendronate and either risedronate or etidronate.

If you have already had a fracture, you should be able to have denosumab if you can't take alendronate and either risedronate or etidronate.

You can ask your doctor to explain if denosumab is appropriate for you.

Who is at risk?

To see if you are at risk of fracture, your doctor takes into account your age, your bone density, whether your parents had hip fractures, whether you have rheumatoid arthritis and how much alcohol you drink a day. You might need to have a bone scan (known as DXA) to measure your bone density.

Why has NICE said this?

NICE looks at how well treatments work, and also at how well they work in relation to how much they cost the NHS. NICE recommended denosumab for certain postmenopausal women who can't take alendronate and either risedronate or etidronate because it works as well as and costs about the same as other treatments available on the NHS.

Osteoporosis

Some of the materials that make up bone are lost as part of normal ageing. This can lead to osteoporosis, a condition in which bones become fragile and break easily. These fractures are most common in bones of the spine, wrists and hips. Women who have gone through the menopause are at increased risk of osteoporosis because their ovaries no longer produce oestrogen, which protects against bone loss.

Denosumab

Denosumab is a drug that slows bone loss in osteoporosis. It is given as an injection twice a year. It can be taken by postmenopausal women who can't take alendronate, risedronate, and etidronate. These treatments, taken as tablets, belong to a group of drugs known as oral bisphosphonates. Some women can't take oral bisphosphonates because of side effects, such as heartburn, or because they have trouble swallowing. Also, a woman might not be able to take certain bisphosphonates if she can't follow the special instructions for taking them – for example, having to stay upright for half an hour after taking the drug, and not eating for a while before and after taking it.

What does this mean for me?

When NICE recommends a treatment, the NHS must make sure it is available to those people it could help, normally within 3 months of the guidance being issued.

So, if you are a postmenopausal woman with osteoporosis, and you and your doctor think that denosumab is the right treatment for you (see 'What has NICE said?' on page 2), you should be able to have the treatment on the NHS. Please see www.nice.org.uk/aboutguidance if you think you are eligible for the treatment but it is not available.

If you are a postmenopausal woman already taking denosumab to prevent osteoporotic bone fractures, you should be able to continue taking it until you and your doctor decide it is the right time to stop.

More information

The organisation below can provide more information and support for people with osteoporosis. NICE is not responsible for the quality or accuracy of any information or advice provided by this organisation.

- National Osteoporosis Society, 0845 130 3076
www.nos.org.uk

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts, including healthcare professionals and people representing patients and carers. They consider the evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals, and consider the costs involved. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and other versions of the guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/TA204

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2339). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage NHS and voluntary organisations to use text from this leaflet in their own information about osteoporosis.