



Osteoporosis: bone sparing agents (50–74 years)

NICE indicator

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www.nice.org.uk/indicators/ind91

Indicator

The percentage of patients aged 50 or over and who have not attained the age of 75, with a record of a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent.

Indicator type

General practice indicator for use outside the Quality and Outcomes Framework (QOF).

Corresponding QOF indicator OST002 was retired from the QOF in 2019 as data showed average numbers of eligible patients per practice to be less than 20 per year.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our NICE [indicator process guide](#).

Rationale

Osteoporosis occurs when there is a loss of some of the materials that make up bones. As a result, the bones become fragile and can fracture easily. The hips, wrists and spine are most likely to break, and hip fracture is the major adverse consequence of osteoporosis. [QOF data for 2017/18](#) shows around 130,000 people in England are currently on a general practice osteoporosis register.

Age is a major risk factor for primary osteoporosis. It can affect both sexes, but women who have gone through the menopause are at particular risk because their ovaries no longer produce oestrogen, which helps to protect against bone loss.

Osteoporotic fragility fractures can cause substantial pain and severe disability, often leading to a reduced quality of life. Hip and vertebral fractures are associated with decreased life expectancy. Almost all hip fractures require hospitalisation. After a hip fracture, a high proportion of people are permanently unable to walk independently or to perform other activities of daily living and, consequently, many are unable to live independently. Hip and vertebral fractures are associated with increased risk of mortality.

Options for preventing fragility fractures in people identified as being at risk or preventing further fractures in people who have already had them include drug treatment and lifestyle interventions. Bone sparing agents such as alendronate are recommended as a treatment option for the secondary prevention of osteoporotic fragility fractures, including in postmenopausal women with a confirmed diagnosis of osteoporosis.

Source guidance

- [Bisphosphonates for treating osteoporosis. NICE technology appraisal guidance 464](#) (2017, updated 2019)

- Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women. NICE technology appraisal guidance 161 (2008, updated 2018)

Specification

Numerator: The number of patients in the denominator who are currently treated with an appropriate bone-sparing agent.

Denominator: The number of patients aged 50 or over and who have not attained the age of 75, with a record of a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Minimum population: The indicator would be appropriate to assess performance of collaborations or networks of GP practices serving populations of around 30,000 to 50,000.

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