

Osteoporosis / Metabolic Bone Disease

- Idiopathic osteoporosis
- Corticosteroid bone disease
- Osteomalacia
- Paget's disease
- Osteogenesis Imperfecta
- Other metabolic bone diseases – generally renal bone disease is managed by the renal unit

Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms
- Co-morbidities
- Previous fractures, particularly if low impact
- Drug therapy including current and prior glucocorticoids, HRT and osteoporosis therapy

Investigations Required

- EUC, renal function, Ca, ALP, LFT, TFT
- 25 OH vit D
- DEXA
- Relevant plain X-rays
- Serum testosterone 0800-0900 in males
- Fasting Serum crosslaps
- Coeliac screen
- Plasma electrophoresis

Fax Referrals to

GP Plus Marion

7425 8687

GP Plus Noarlunga

8164 9199

Red Flags

-  Frequent fractures
-  Suspicion of underlying malignancy
-  Hypercalcaemia (serum Ca >2.8 mmol/L)
-  Z score < -2.0
-  Severe bone pain or progressive deformity

Suggested GP Management

- Refer urgently or speak to on-call registrar if red flags present – otherwise referral is generally non-urgent
- Optimize calcium and vitamin D status
- Use a fracture risk calculator (FRAX or Garvan) to help guide the need for specific drug therapy
- If Z score is <-2.0 investigation for secondary cause of osteoporosis is indicated

Clinical Resources

- Fracture Risk Assessment Tool (FRAX)
<http://www.shef.ac.uk/FRAX/tool.jsp?locationValue=9>
- Garvan Fracture Risk Calculator
<http://www.garvan.org.au/bone-fracture-risk>
- Calcium and Bone Health- Position Statement for ANZBMS, Osteoporosis Australia and ESA
http://www.anzbms.org.au/downloads/ANZBMS_Calcium_Position_Paper_2007.pdf

General Information to assist with referrals and the and Referral templates for SALHN are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safkim.com.au

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