

**Guidance for those on Oral Bisphosphonates in D & G,
Further low trauma fracture on treatment**

1. On bisphosphonate 2 years or more	Yes / No	Anabolic therapy may be considered if – <ul style="list-style-type: none"> • Active, independent, community dwelling • Imminent high risk of fracture (multiple vertebral or very low hip or spine bone density) • Patient would cope with intense regimen of sub cut injection (usually self administered) • If uncertain, seek advice 		
2. Good compliance	Yes / No			
3. Multiple vertebral fractures or previous very low BMD (t-score - 3.5 or less)	Yes / No			
	Yes to all above	Anabolic therapy appropriate to consider	yes	Check bloods screen* and refer osteoporosis clinic
			No	Consider switch to IV Zol or Denosumab at wish of patient
	No to any of above	Optimise compliance	Continue bisphosphonate if compliance good or offer switch to IV Zol or Denosumab at wish of patient if not	
		Check blood screen		
		Check for new co-morbidities		

*Blood screen for anabolic therapy

U & E, calcium, vitamin D, PTH, LFT, Immunoglobulins, Urine for Bence Jones Protein