

North Bristol NHS Trust

Osteoporotic Vertebral Fracture Care Pathway

Guidance for GP and Community Services

Jon Tobias, Emma Clark, Steve Morgan & Verka Beric



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OSTEOPOROTIC VERTEBRAL FRACTURE CARE PATHWAY¹

Notes

1. This pathway is aimed at GPs within BNNSG, and clinical staff (AHPs and GPSIs) working in the interface services. Osteoporosis management is the responsibility of GPs – those working in interface services will refer back to GPs for this part of the pathway.
2. Patients should be referred for a spine radiograph if they have a new onset of focal back pain \geq 55 years of age (consider MRI instead if pain is very severe and/or symptoms or signs suggestive of spinal nerve root compression).

If radiological investigations reveal a vertebral fracture, manage the patient according to the osteoporotic vertebral fracture pathway providing the patient is (i) at risk of osteoporosis (eg FRAX score amber or red zone – see <http://www.shef.ac.uk/FRAX/tool.jsp>, (ii) has no recent history of significant back trauma and (iii) has no clinical features to suggest alternative diagnoses such as malignancy (if not at risk of osteoporosis or clinical features suggest alternative diagnoses consider referral for an MRI scan to exclude other pathology).

Patients with osteoporotic VF may also be picked up by fracture liaison services

3. If severe pain persists after six weeks **with no signs of improvement** consider referral to the vertebroplasty clinic by contacting the radiology secretary for Dr Beric and Dr Morgan (VertAugment@nbt.nhs.uk). If seen in the vertebroplasty clinic, the GP will be asked to ensure they are under the osteoporosis management part of the pathway.
4. If moderate pain persists after six weeks with signs of improvement consider referral to the physiotherapy team with expertise in osteoporosis (eg NBT physiotherapy) for pain relief. If seen in the physiotherapy department, the GP will be asked to ensure they are under the osteoporosis management part of the pathway.

Refer for a DXA scan to confirm the underlying diagnosis and provide a pre-treatment baseline.

5. Further investigations should be considered to exclude other causes of bone fragility: Full blood count, inflammatory markers, corrected calcium, phosphate, EGFR, 25-hydroxyvitamin D, PTH, coeliac screen, protein electrophoresis, Bence Jones protein.
6. Reversible risk factors should be managed eg smoking, excess alcohol intake, calcium and/or vitamin D deficiency. Bone protection should be commenced in the form of an oral bisphosphonate (weekly alendronate, weekly risedronate,).
7. Consider referral to secondary care osteoporosis clinic if the diagnosis is complex or unclear, or if the patient is suitable for parenteral treatment (IV zoledronate, sc denosumab, sc teriparatide). Reasons for considering the latter include vertebral fracture while already taking bone protection, intolerance to oral bisphosphonates, multiple vertebral fractures or T score $<$ -3.5 on DXA scan.

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8. Referral to local rehabilitation services should be considered (see next page). Physiotherapy can help improve quality of life through education, ergonomics advice, perching stools, lumbar rolls and reengagement with physical activity.

Dissemination

GP referral tool

BNSSG T&O steering group

Local falls and frailty services.

Falls and frailty services

Here is a useful resource in the Bristol Community run by BCH for patients at risk of falls due to deconditioning:

<http://briscomhealth.org.uk/our-services/strength-balance-classes/>

- This is for patients registered with a Bristol GP
- programme based at 3 different locations in the Bristol area (Greenway, Knowle and Speedwell)
- Patients must be screened to identify any medical reason why they might be at risk of falling/have fallen
- Patient must be able to 'Sit to Stand', stand unsupported for 1 min, shift weight from foot to foot, not so fearful they won't be able to exercise, independently mobile with/out a walking aid, has sufficient memory to remember exercises (leaflet provided).
- A Multi Factorial Risk Assessment form **and** Referral Form must be completed
- Forms should be sent to Knowle Clinic
- Patients will be assessed initially in a NP slot
- All the necessary forms can be found at the above link.

For patients with a vestibular/dizzy problem, they need a referral from their GP before they can be seen in the Dizzy clinic.

For a patient who has experienced falls and you are not sure why, their GP can refer them to a Falls Service (either Bristol/South Glos). This is a MDT which tends to assess them in their home environment to identify why they are falling.

Contact e-mail for south glos falls referral service: SIRCH.SouthGloucFallsClinic@nhs.net- (see next page for referral form)

Frailty services (criteria based on Rockwood score) in South Glos are restricted to the following GP practices: West walk, Kennedy way, Courtside, Wellington road, Cadbury HEATH, Close farm, HANHAM, Kingswood

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