

## Primary Care Provider Letter

This letter is for the Primary Care Provider.  
Please FAX to primary care provider and give to patient upon discharge to hand deliver.

For patients greater than 50 years of age who have sustained a low energy hip fracture.

Dear NP/Dr. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          dd           mmm           yyyy

Hospital: \_\_\_\_\_

Your patient has been treated for a hip fracture which is most likely a result of osteoporosis. This automatically categorizes them as **HIGH RISK** for future fractures. Please see the details below that outline care provided and recommendations for follow-up.

### CARE PROVIDED

#### Calcium and Vitamin D (Vitamin D and Calcium should be taken concurrently)

- A recommendation for total daily intake of 1200 mg elemental Calcium through diet and supplements.
- A recommendation for daily supplementation with 1,000 units of Vitamin D.

#### Pharmacologic Therapy

- Alendronate 70 mg po every week. Your patient has been advised to receive further prescriptions and follow up investigations through you.
- Pharmacologic therapy was not initiated in hospital. As your patient may be at **high risk** of another fracture, please consider initiating pharmacologic therapy as per the guidelines on page 3, such as alendronate, or zoledronic acid, if no contraindications are present. While each patient requires individual assessment, patients with creatinine clearance less than 30 mL/min require special consideration.

#### Patient Education

- 'Drug Treatments' fact sheet. This drug sheet as well as additional information on osteoporosis is available at [www.osteoporosis.ca](http://www.osteoporosis.ca).
- The Winnipeg Regional Health Authority handout "Your Home Safety Checklist" has been provided.

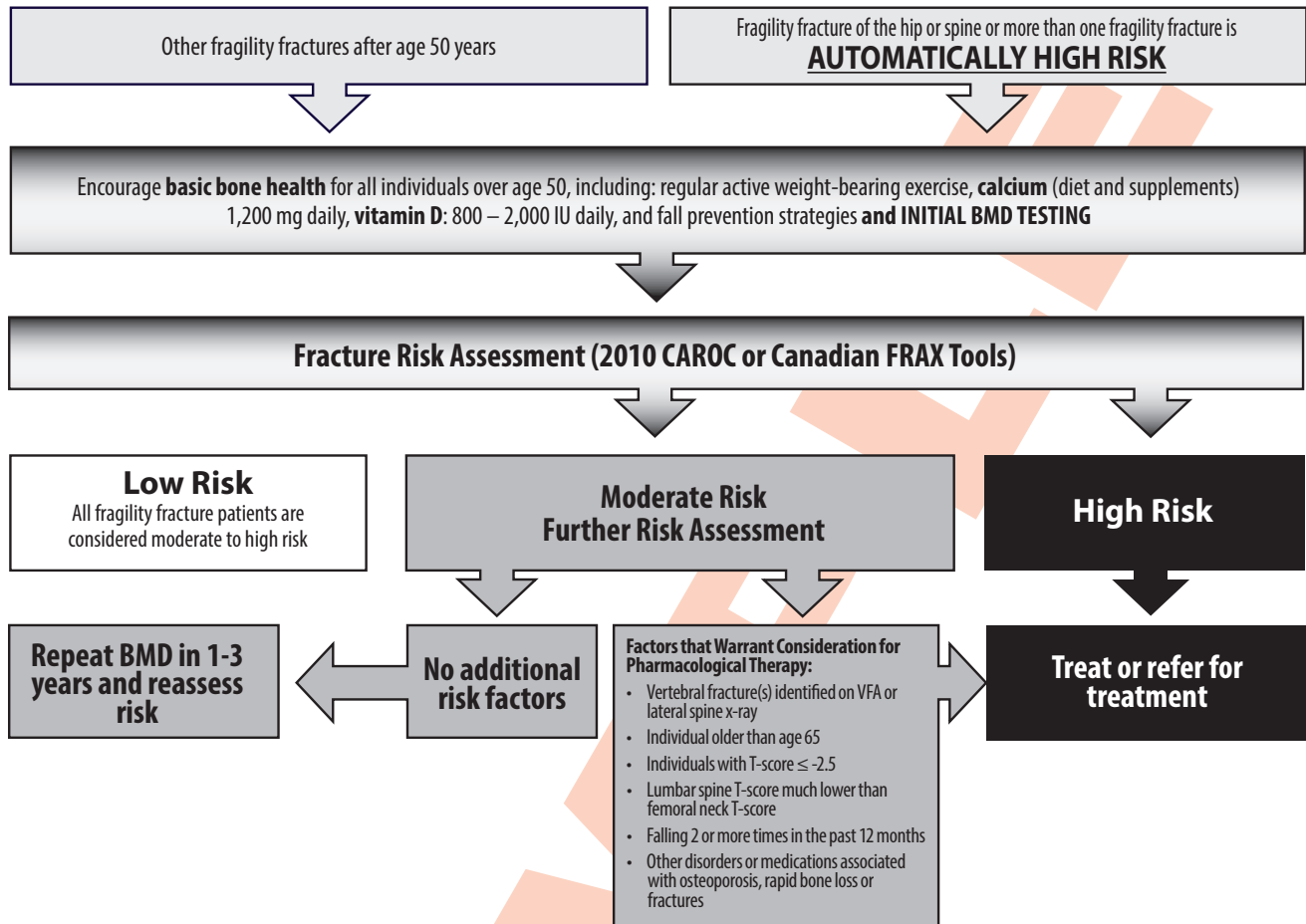
### RECOMMENDATIONS FOR FOLLOW-UP

- Please consider ordering a bone mineral density test and review his/her fracture risk and integrated management strategy (see next page for more information). Pharmacologic therapy may be indicated and should be started if this was not done in hospital.
- Please assess your patient's history of falls and consider implementing fall-prevention strategies.
- Please measure 25-Hydroxyvitamin D 3 months after Vitamin D initiation. Measurement of 25-Hydroxyvitamin D should not be repeated if an optimal level (greater than or equal to 75 nmol/L) is achieved.

Sincerely,

\_\_\_\_\_  
Surgeon's Name, MD

## Deciding on Pharmacological Treatment Post Fracture



www.osteoporosis.ca

Additional Resources:

### Osteoporosis Canada Manitoba Chapter

Phone: (204) 772-3498

Fax: (204) 772-4200

Email: [manitoba@osteoporosis.ca](mailto:manitoba@osteoporosis.ca)

[www.osteoporosis.ca/manitoba](http://www.osteoporosis.ca/manitoba)

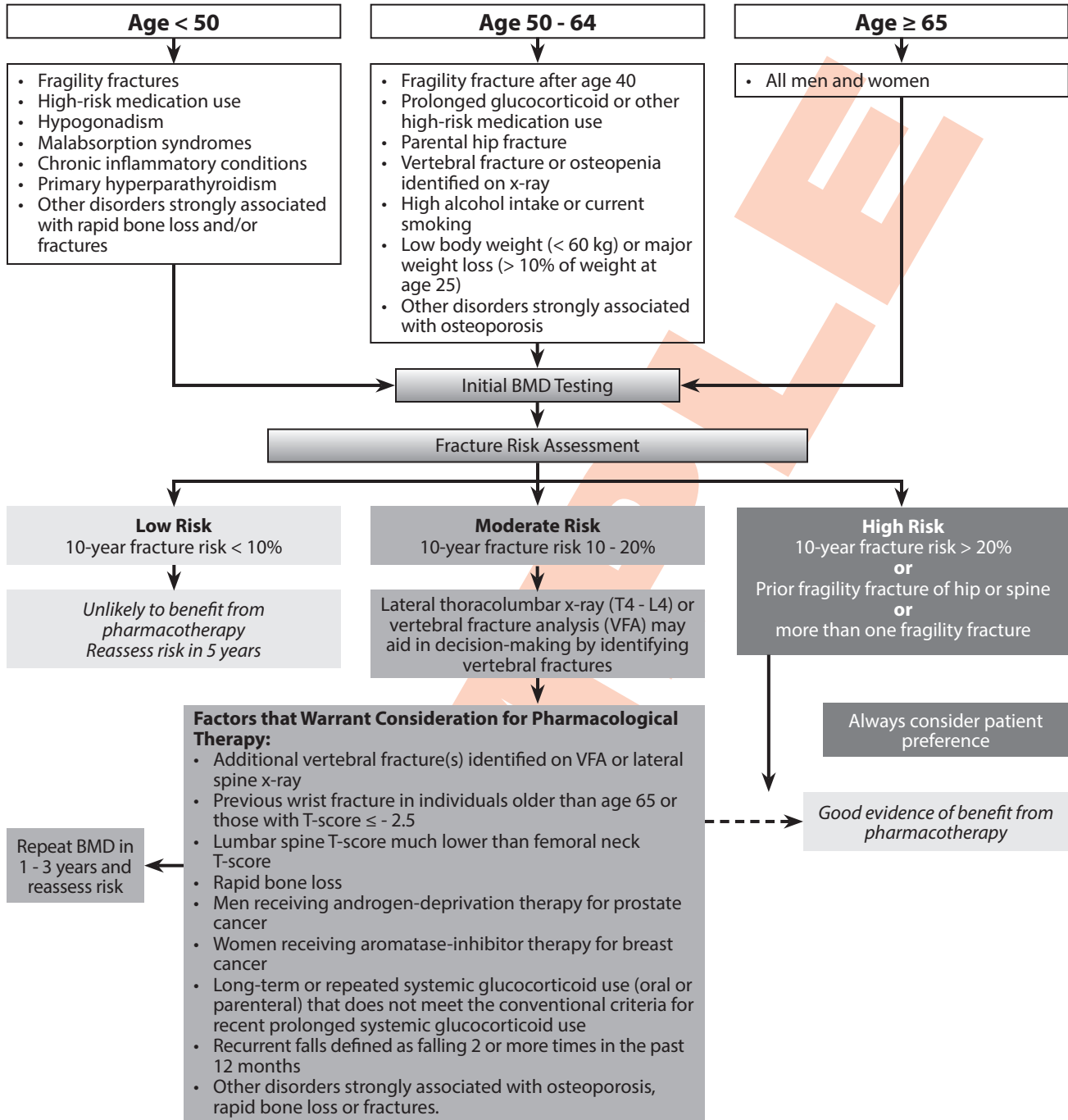
Osteoporosis Canada Clinical Practice Guidelines available at  
<http://www.osteoporosis.ca/health-care-professionals/guidelines/>

WRHA Staying on Your Feet

[www.preventfalls.ca](http://www.preventfalls.ca)

# Integrated Management Model for Non-Traumatic Fragility Fractures

Encourage **basic bone health** for all individuals including: regular active weight bearing exercise, calcium (diet and supplements) 1200 mg daily, vitamin D: 800 - 2000 IU daily after age 50 (400 - 1000 for those < age 50 at low risk), and fall prevention strategies.



First-Line Therapies with Evidence for Fracture Prevention in Postmenopausal Women*							
Type of Fracture	Antiresorptive Therapy						Bone Formation Therapy
	Bisphosphonates			Denosumab	Raloxifene	Estrogen** (Hormone therapy)	Teriparatide
	Alendronate	Risedronate	Zoledronic Acid				
Vertebral	✓	✓	✓	✓	✓	✓	✓
Hip	✓	✓	✓	✓	-	✓	✓
Non-vertebral†	✓	✓	✓	✓	-	✓	✓

**For men requiring treatment, alendronate, risedronate, and zoledronic acid can be used as first-line therapies for prevention of fractures (Grade D).**

† In clinical trials, non-vertebral fractures are a composite endpoint including hip, femur, pelvis, tibia, humerus, radius and clavicle.

\* For post-menopausal women, ✓ indicates first-line therapies and grade A recommendation.

\*\* Hormone therapy (estrogen) can be used as first-line therapy in women with menopausal symptoms.