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4. Slovak Republic Ministry of Health Guidelines for the Diagnosis and Treatment of Patients with Osteoporotic Fractures
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Patients with Osteoporotic Fractures

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The Slovak Republic Ministry of Health, pursuant to § 45, Paragraph 1, Subparagraph b) and c) of Act No. 576/2004 on healthcare and related services, and upon the amendment and completion of certain acts, as amended, issues this guideline:

Article I
Subject

This guideline provides a summary of the recommendations for the diagnosis and treatment of patients with osteoporotic fractures.

Article II
HealthCare Facilities and Healthcare Professionals

For the purpose of this guideline:

a) Healthcare facility:

1. Specialised medical clinic/office – surgery, traumatology, orthopaedics, neurology

2. Inpatient healthcare facility – university hospital departments of surgery, traumatology, orthopaedic surgery, or physiotherapy and medical rehabilitation.

b) Competent healthcare professional – physician specialised in surgery, traumatology, orthopaedic surgery, neurology, radiology, physiatry, and medical rehabilitation.

Article III
Investigations

1) The following investigations are performed at healthcare facilities:

a) Radiography (X-rays) – 2 views for the detection of all varieties of osteoporotic fractures;

b) Morphometry using central densitometry (DXA); in addition, a lateral spine scan is performed for osteoporotic fractures. Vertebral fractures are classified according to the criteria of Genant’s semi-quantitative method, shown in the Appendix;
c) Computed Tomography (CT), Magnetic Resonance Imaging (MRI), radionuclide bone scan, when appropriate, to supplement the examinations referred to in subparagraphs a) and b).

The following investigations are performed an osteology clinic/office:

a) Spine and hip densitometry: BMD measured by DXA; the distal one-third of the non-dominant radius can be used for the diagnosis of osteoporosis when the hip and spine cannot be measured; this exam should be done within three months following an osteoporotic fracture depending upon the patient’s medical condition and functioning of the densiometry workplace facility;

b) Laboratory investigations: the primary purpose of biochemistry analysis is for differential diagnosis, to evaluate changes in phospho-calcium metabolism, to assess bone mineral metabolism; to analyse bone metabolism via urine and serum markers of bone turnover, and to detect secondary causes of osteoporosis.

**Article IV**

**The Management of Patients following an Osteoporotic Fracture**

1) Patient over 50 years of age, with X-ray, CT, MRI, or DXA morphometry-confirmed forearm or vertebral osteoporotic fractures should be referred by an experienced physician to a specialised osteoporosis clinic/office for evaluation, diagnosis and treatment as well as to rule out causes of secondary osteoporosis.

2) Hospitalized patients with proximal femur osteoporotic fractures should receive calcium and vitamin D supplements when not contraindicated:
   a) Calcium: 1000-1500 mg/day
   b) Vitamin D: 800 IU/day

3) Following hospitalized care, the patient should be referred to an osteology clinic/office for evaluation, similar to patients with other types of bone fractures.

**Article V**

**Specific Pharmacologic Interventions**

Pharmacological intervention is recommended for patients with osteoporotic fractures once stable, to prevent further fragility fractures (biphosphonates, e.g., alendronate, risendronate, zolendronate, strontium ranelate, teriparatide 1-34; parathormone 1-84; raloxiphene, calcitonine; calcium, vitamin D).
Article VI

Early Active Screening and Treatment of Individuals Requiring Ongoing Medical or Preventive Care

Patients with osteoporotic fractures are provided high quality care through coordinated osteology clinics/offices.

Article VII

Effective

These guidelines are effective from the date of publication in the Slovak Republic Ministry of Health Bulletin.

Ivan Uhliarik
Minister of Health
APPENDIX

Genant's Method for the Semi-quantitative assessment of vertebral fractures

Normal (Grade 0)

Mild fracture (Grade I, 20%–25%)

Moderate fracture (Grade II, 26%–40%)

Severe fracture (Grade III, > 40%)

Wedge fracture  Biconcave fracture  Crush fracture