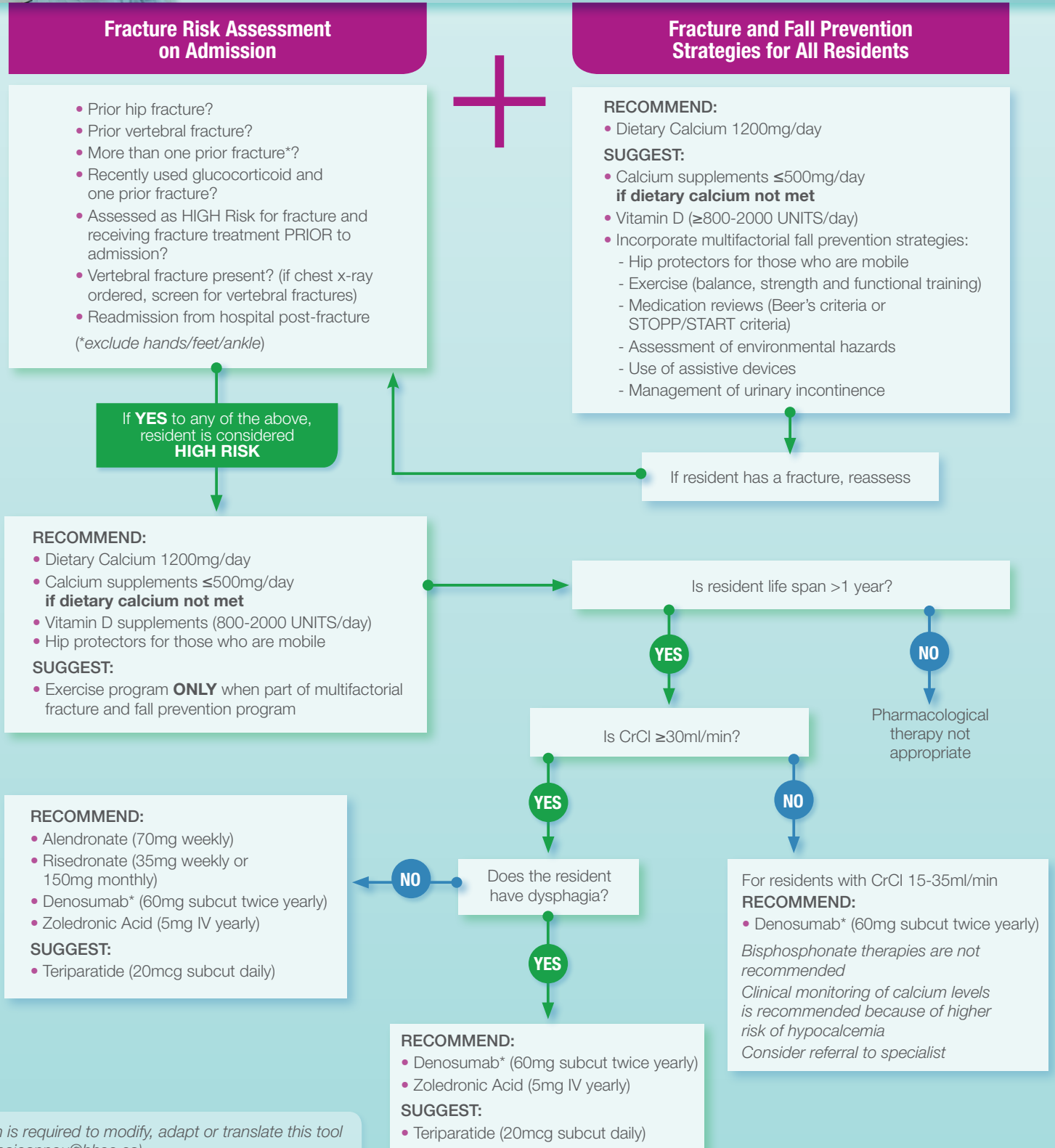




Fracture Prevention for Long-Term Care Residents





Summary of Recommendations

For ALL Elderly Residents in LTC

STRONG RECOMMENDATIONS

- Dietary interventions to increase food intake of calcium

The Recommended Daily Allowance for calcium is 1200mg

CONDITIONAL RECOMMENDATIONS

Multifactorial interventions that are individually tailored to reduce the risk of falls and fractures

For Elderly LTC Residents at HIGH RISK of FRACTURE

STRONG RECOMMENDATIONS

- Calcium supplementation up to 500mg daily if they cannot consume 1200mg of calcium through diet
- Vitamin D supplements of at least 800 UNITS daily
- Hip protectors for those who are mobile

CONDITIONAL RECOMMENDATIONS

Multifactorial interventions that are individually tailored to reduce the risk of falls and fractures

BALANCE, STRENGTH AND FUNCTIONAL TRAINING EXERCISES be provided only when part of a multifactorial intervention to prevent falls and fractures

USE ONE OF THE FOLLOWING:

- Alendronate (weekly)
- Risedronate (weekly or monthly)
- Denosumab for those who have difficulty taking oral medications
- Zoledronic Acid for those who have difficulty taking oral medications

- Teriparatide

- Etidronate and Raloxifene **NOT** be used

These recommendations apply to the elderly with life expectancy greater than one year. Alendronate and Risedronate are not recommended for elderly with severe renal insufficiency (CrCl <35ml/min or <30ml/min respectively).

Zoledronic Acid should not be administered in people with severe renal impairment (CrCl <30ml/min).

Exercise caution for people who receive other medications that could affect renal function. Creatinine should be monitored before and periodically after treatment.

For Elderly LTC Residents NOT at High Risk of FRACTURE:

CONDITIONAL RECOMMENDATIONS

Fracture prevention strategies depending upon resources and resident's (or their carer's) values and preferences:

- Calcium supplementation up to 500mg daily, for those who cannot meet Recommended Dietary Allowance for calcium through food
- Vitamin D supplementation to meet the Recommended Dietary Allowance, 800 – 2000 UNITS/day
- Balance, strength and functional training exercises to prevent falls
- Hip protectors for those who are mobile

Interpretation of Strong and Conditional Fracture Prevention Recommendations

IMPLICATIONS	STRONG RECOMMENDATION ('RECOMMEND')	CONDITIONAL RECOMMENDATION ('SUGGEST')
FOR PATIENTS	Most individuals in this situation would want the recommended course of action, and only a small proportion would not	The majority of individuals in this situation would want the suggested course of action, but many would not
FOR CLINICIANS	<i>Most individuals should receive the intervention</i>	Clinicians recognize that different choices will be appropriate for each individual and that clinicians must help each individual arrive at a management decision consistent with his or her values and preferences