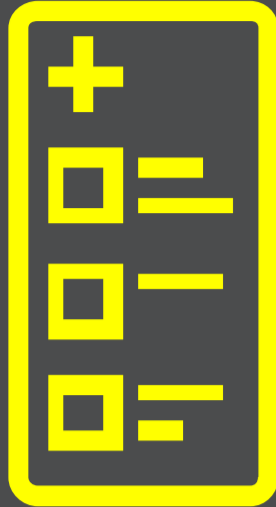




Recommendations for Preventing Fracture in Long-Term Care

Fracture Risk Assessment



- All residents on admission should be assessed for fractures
- All residents with osteoporosis should maintain treatments and interventions for their osteoporosis to help minimize the risk for future fractures
- Always assess for fracture when residents fall
- Always assess residents' fracture risk when they return to long-term care from a hospital following an admission for a fracture
- Always assess for fracture when there is sudden change in health or function that causes increased pain and loss of mobility

1

Calcium & Vitamin D

All residents can benefit from diets high in calcium and vitamin D and supplemental Vitamin D3.



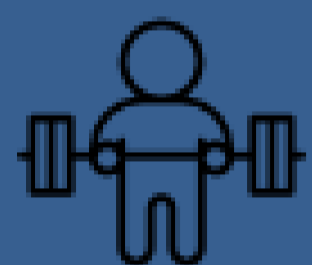
CALCIUM		
For all older adults in LTC	Older Adults - High Risk	Older Adults - Low Risk
1200 mg daily through diet (3 servings of dairy or equivalent)	500 mg supplements daily recommended	500 mg supplements daily recommended, depending on resources and preferences

VITAMIN D	
High Risk	Low Risk
800 - 2000 UNITS of Vitamin D3	800 - 2000 UNITS Vitamin D3, depending on resources and preferences

2

Exercise

Residents should be encouraged to participate in exercise programs that include balance training, muscle strengthening and a focus on good posture. Residents should be as active as possible practicing these exercises 2-3 times per week.

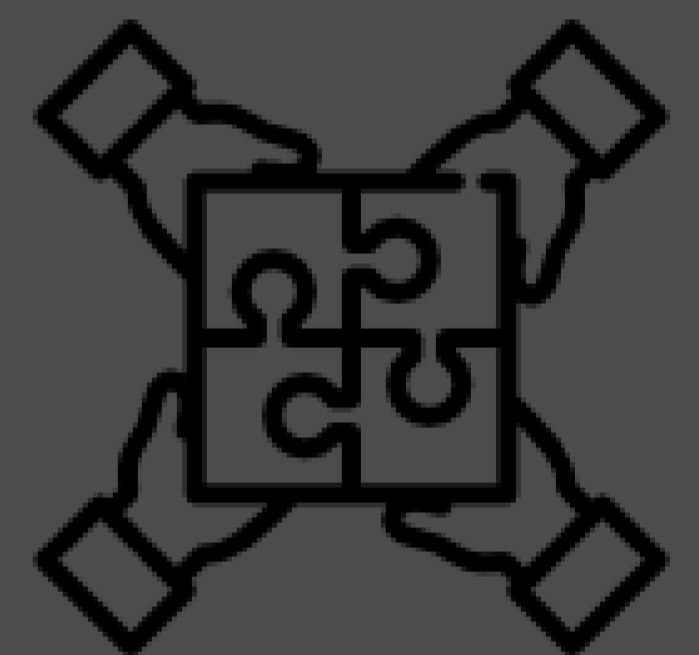


EXERCISE	
High Risk	Low Risk
Balance, strength and functional training exercises only when part of a multifactorial intervention to prevent falls.	Balance, strength and functional training exercises to prevent falls.

3

Multifactorial Interventions

All residents can benefit from multifactorial interventions that are individually tailored to reduce their risk for falls and fractures. Multifactorial interventions are any combination of interventions that are tailored to an individual's risk to reduce falls, such as: Medication Reviews | Assessment of Environmental Hazards | Assistive Devices | Exercise Management of Urinary Incontinence | Educational Interventions Directed to Staff



4

Hip Protectors

- For residents who are mobile and at high risk for fractures, hip protectors are recommended.
- For residents who are not at high risk for fracture but are mobile, hip protectors are recommended depending on resources available and the residents' values and preferences.



5

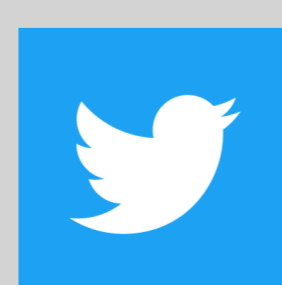
Pharmacological Therapy

Pharmacological interventions for those at high risk for fracture are most important. There are a number of effective therapies available to reduce the incidence of fractures in frail older adults. Talk to your doctor about osteoporosis medications, and whether these medications might be helpful to reduce your risk for fractures.

PHARMACOLOGICAL THERAPY IN LONG-TERM CARE			
First line therapy recommended for individuals at high risk		For individuals at high risk and difficulty swallowing medications	
Alendronate	70 mg weekly	Denosumab	60 mg subcut twice yearly
Risedronate	35 mg weekly or 150 mg monthly	Zoledronic acid	5 mg IV yearly

6

Produced by Family Councils of Ontario in partnership with GERAS and Osteoporosis Canada



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The guideline and recommendations were developed by the Scientific Advisory Council of Osteoporosis Canada, led by Dr. Alexandra Papaioannou, a Geriatrician with Hamilton Health Sciences and Professor, Department of Medicine at McMaster University in conjunction with a team of researchers and health care providers.

Source: <http://www.gerascentre.ca/osteo-ltc-recommendations-overview>



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