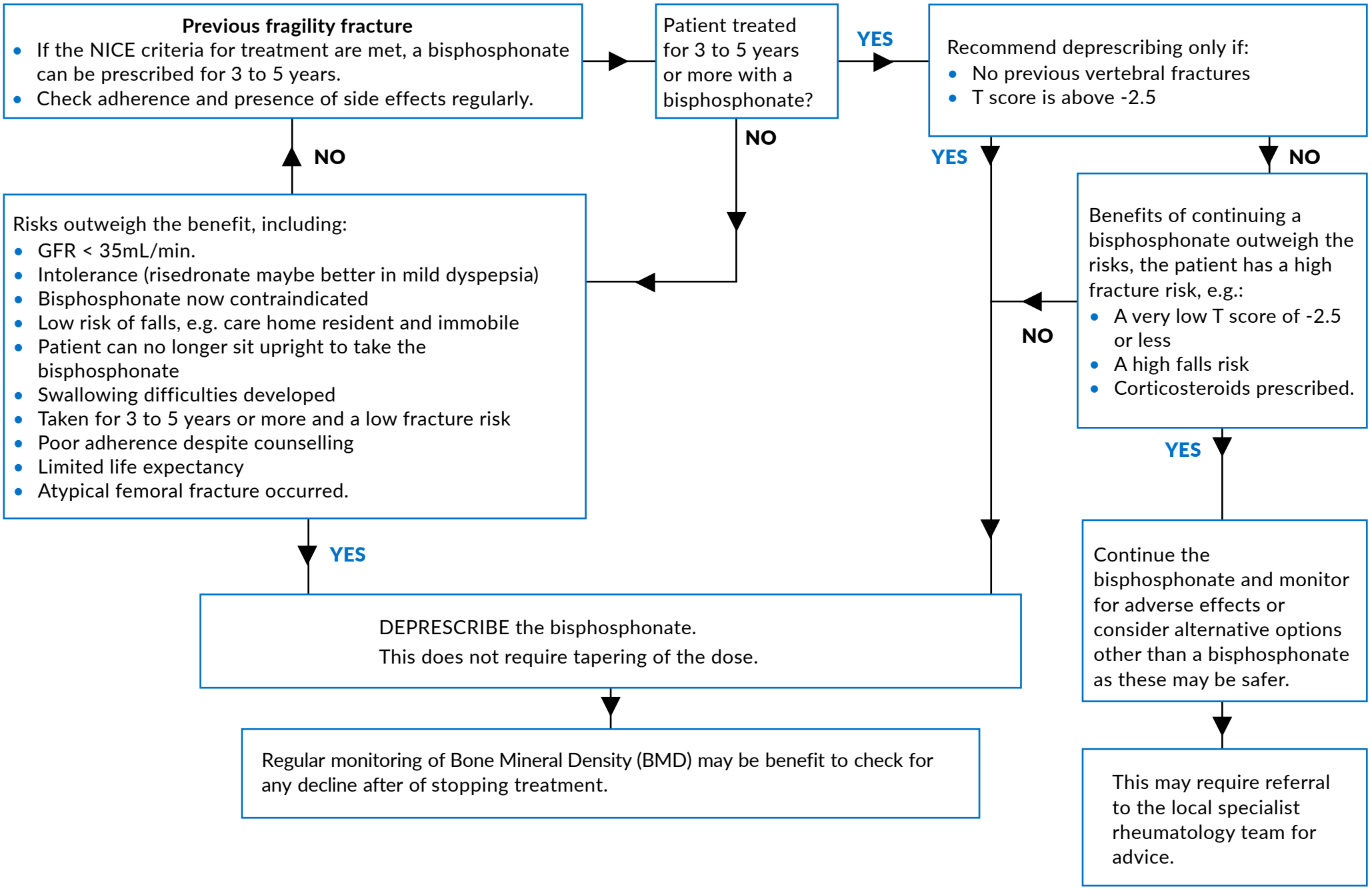
Bisphosphonates for osteoporosis (secondary prevention): Deprescribing algorithm



Bisphosphonates algorithm: Deprescribing notes

General principles of deprescribing

- Treat the patient as an individual, patients should receive appropriate treatment according to their risk factors.
- Use shared decision-making – patients are more likely to engage if they understand the rationale for deprescribing at initiation of a new medicine. Taper doses, unless a severe adverse drug event (ADE or side effect) is experienced.
- Patients with multimorbidity who are treated according to guidelines are prescribed a large number of medicines. This polypharmacy increases the risk of an ADE. Stopping medication may relieve these effects, and thereby improve the patient's wellbeing.

Therapeutic information

The secondary prevention of osteoporosis for postmenopausal women and men over 50 years of age, can be effectively managed in primary care. Consider the patient's diet and advise how to increase the calcium and vitamin D content if needed. Weight-bearing exercise tailored to the individual may help. No dose tapering is needed as no discontinuation symptoms have been described when stopping bisphosphonates. Many female patients treated with a bisphosphonate continuously for five years or more will have ongoing benefit for a further five years if the bisphosphonate is stopped (the risk in terms of timing of use and type of bisphosphonate, and in men, remains unclear). The risks of atypical femoral fracture increases with every year of use after this time.

References

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