$\downarrow$		<b>↓</b>	
Aged ≥70 years‡ (Grade D Consensus)	Assess risk factor profile (Grade B) Major risk factors that qualify for MBS reimbursement of DXA <sup>†</sup>		
	Non-modifiable  » Parental history of fracture Modifiable and lifestyle  » Premature menopause†  » Hypogonadism†  » Multiple falls  » Low physical activity or immobility  » Low body weight  » Low muscle mass and strength » Poor balance » Protein or calcium undernutrition » Smoking » Alcohol >2 standard drinks/day » Vitamin D insufficiency	Diseases or conditions <sup>§</sup> » Rheumatoid arthritis <sup>†</sup> » Hyperthyroidism <sup>†</sup> » Hyperparathyroidism <sup>†</sup> » Chronic kidney disease <sup>†</sup> » Chronic liver disease <sup>†</sup> » Coeliac disease or malabsorption <sup>†</sup> » Diabetes mellitus » Myeloma or MGUS » Organ transplant » Bone marrow transplant » HIV infection » Depression	Medications (large effect)         > Glucocorticoids†ll (>3 months≥7.5 mg/day)         > Excess thyroid hormone replacement         > Aromatase inhibitors         > Anti-androgen therapy†         Medications (modest effect)         > SSRIs         > Anti-psychotics         > Thiazolidenediones         > Anti-epileptic medications         > PPIs
¥	DXA of spine and	proximal femur (Grade A)	
<b>↓</b>			
core ≤-2.5? → No →	Estimate absolute fract	ure risk Garvan Fracture Risk Calculator	or FRAX (Grade D Consensus)
$\checkmark$	<b>↓</b>		•
Yes	High 10-year risk of fracture Hip fractu OR T-score <-		Low risk of fracture
↓ ↓	↓ ↓		$\downarrow$
tiate treatment with anti-osteoporosis medication Bisphosphonates (Grade A) Denosumab (Grade A women, Grade B men) Oestrogen replacement therapy (Grade A) Strontium ranelate – second line only (Grade A)			Treatment not recommended
			$\perp$

## Figure 1. Clinical guidelines flowchart<sup>3</sup>

<sup>†</sup>Qualifies for MBS reimbursement of BMD testing

<sup>‡</sup>Consensus recommendation. The MBS reimburses costs for measurement of BMD testing in any person aged ≥70 years.

<sup>II</sup>See other guidelines specific to glucocorticoid treatment for more information and recommendations regarding glucocorticoid use and risk of osteoporosis and fracture. <sup>§</sup>Treatment of an underlying condition may improve bone strength.

BMD, bone mineral density; DXA, dual energy X-ray absorptiometry; FRAX, Fracture Risk Assessment Tool; HIV, human immunodeficiency virus; MBS, Medicare Benefits Schedule; MGUS, monoclonal gammopathy of undetermined significance; PPIs, proton pump inhibitors; SSRIs, selective serotonin reuptake inhibitors Reproduced with permission from The Royal Australian College of General Practitioners and Osteoporosis Australia, Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age, 2nd edn, East Melbourne, Vic: RACGP, 2017, p. vii. Extract from flowchart for management of patients who have not yet had a minimal trauma fracture.