CLINICAL PRACTICE GUIDELINES FOR GLUCOCORTICOID INDUCED OSTEOPROSIS (GIOP)

Purpose:
Scott & White Health Plan’s (SWHP) Osteoporosis Guideline is designed to assist clinicians by providing an analytical framework to identify and manage the GIOP population. These recommendations are not intended as a substitute for the reasonable exercise of independent clinical judgement by providers.

Scope:
Men and women over age 45 who are at risk of GIOP

GIOP Algorithm:

<table>
<thead>
<tr>
<th>Glucocorticoids equivalent to Prednisone 7.5 mg/day =&gt; 3 months</th>
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</thead>
<tbody>
<tr>
<td>Glucocorticoid</td>
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<tr>
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</tr>
<tr>
<td>Methylprednisolone</td>
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<tr>
<td>Prednisolone</td>
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<tr>
<td>Triamcinolone</td>
</tr>
<tr>
<td>Hydrocortisone</td>
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<tr>
<td>Cortisone</td>
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<tr>
<td>Dexamethasone</td>
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<tr>
<td>Betamethasone</td>
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</tbody>
</table>

Measure Bone Mineral Density (BMD) DEXA, Hip +/- Spine

Previous Fragility Fractures

Normal T score to -1
- Reassurance
- Lifestyle advice
  - Calcium, Vitamin D

Measure BMD yearly (while on glucocorticoid medications) to determine if Bisphosphonates should be added.

Osteopenia T score between -1 to -2.5
- Lifestyle advice
  - Calcium, Vitamin D
  - Consider Bisphosphonates to Improve bone mass
  - *Must treat if previous fracture

Measure BMD yearly for 2 years (while on glucocorticoid medications). If BMD is stable, repeat every 2 years. Otherwise, continue yearly.

Osteoporosis T score -2.5 or below
- Lifestyle advice
  - Calcium, Vitamin D
  - Treat with Bisphosphonates (refer to the Osteoporosis Clinical Guideline [6E-6I] if Bisphosphonates are not tolerated)
Reviewing Physician: Veronica Piziak, MD (Endocrinology, BSWH)

Source(s):
