

# Commissioning Policy for DXA scanning

## 1. Commissioning principles

Wolverhampton City PCT strives to commission services based on the best available evidence of effectiveness within the resources available to ensure equitable access to services based on need. This policy replaces the previous policy on DEXA scanning approved in March 2005, and supports the latest NICE guidance on the primary and secondary prevention of osteoporosis in post-menopausal women. <sup>1,2</sup>

## 2. Indications for DXA scanning prior to treatment for osteoporosis in post-menopausal women

### 2.1. In post-menopausal women

- Clinically apparent osteoporotic fragility fracture<sup>1</sup>

### 2.2. In post-menopausal women WITHOUT clinically apparent osteoporotic fragility fracture<sup>2</sup>

- For women 70 years or over: at least one independent clinical risk factor or an indicator of low BMD
- For Women 65-70: at least one independent clinical risk factor
- For women < 65 years: at least one independent clinical risk factor AND an indicator of low BMD

Table 1: independent clinical risk factors

- Parental history of hip fracture
- Alcohol intake of 4 or more units daily
- Rheumatoid arthritis

<sup>1</sup> Alendronate, etidronate, risedronate raloxifene, strontium ranelate and terparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women

<sup>2</sup> Alendronate, etidronate, risedronate raloxifene, strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women

Table 2: Indicators of low Bone Mass Density (BMD)

- Low BMI (<22)
- Medical conditions eg ankylosing spondylitis, Crohn's disease
- Conditions leading to prolonged immobility
- Untreated premature menopause

### 3. Indications for repeat scans in post-menopausal women

Scans should only be repeated if the result is going to influence treatment<sup>3</sup>

This policy accepts the following indications:

- To ensure patients met treatment thresholds for second and third line treatment when first line treatment with alendronate has not been tolerated or have been found to be otherwise unsuitable.
- A second osteoporotic fragility fracture while on treatment.

### 4. Treatment thresholds for in primary prevention of osteoporotic fragility fracture<sup>2</sup>

**T-scores (SD) at (or below) which risedronate or etidronate is recommended when alendronate cannot be taken**

Age (years)	Number of independent clinical risk factors for fracture (see section 1.5)		
	0	1	2
65–69	– <sup>a</sup>	–3.5	–3.0
70–74	–3.5	–3.0	–2.5
75 or older	–3.0	–3.0	–2.5

<sup>a</sup> Treatment with risedronate or etidronate is not recommended.

<sup>3</sup> Scottish Intercollegiate Guidelines Network: Management of osteoporosis

**T-scores (SD) at (or below) which strontium ranelate is recommended when alendronate and either risedronate or etidronate cannot be taken**

Age (years)	Number of independent clinical risk factors for fracture (section 1.5)		
	0	1	2
65–69	– <sup>a</sup>	–4.5	–4.0
70–74	–4.5	–4.0	–3.5
75 or older	–4.0	–4.0	–3.0

<sup>a</sup> Treatment with strontium ranelate is not recommended.

**5. Treatment thresholds for secondary prevention of osteoporotic fragility fracture<sup>1</sup>**

**T-scores (SD) at (or below) which risedronate or etidronate is recommended when alendronate cannot be taken**

Age (years)	Number of independent clinical risk factors for fracture (section 1.5)		
	0	1	2
50–54	– <sup>a</sup>	–3.0	–2.5
55–59	–3.0	–3.0	–2.5
60–64	–3.0	–3.0	–2.5
65–69	–3.0	–2.5	–2.5
70 or older	–2.5	–2.5	–2.5

<sup>a</sup> Treatment with risedronate or etidronate is not recommended

**T-scores (SD) at (or below) which strontium ranelate or raloxifene is recommended when alendronate and either risedronate or etidronate cannot be taken**

Age (years)	Number of independent clinical risk factors for fracture (section 1.5)		
	0	1	2
50–54	– <sup>a</sup>	–3.5	–3.5
55–59	–4.0	–3.5	–3.5
60–64	–4.0	–3.5	–3.5
65–69	–4.0	–3.5	–3.0
70–74	–3.0	–3.0	–2.5
75 or older	–3.0	–2.5	–2.5

<sup>a</sup> Treatment with raloxifene or strontium ranelate is not recommended

## **6. Other clinical indications for DXA scanning**

DXA scanning for the diagnosis of osteoporosis secondary to clinical conditions including:

- Anorexia nervosa
- Chronic liver disease
- Coeliac disease
- Inflammatory bowel disease
- Male hypogonadism
- Renal disease (stages 4 & 5)
- Rheumatoid arthritis (treatment with Second line drugs)
- Long-term corticosteroid use (pending further NICE guidance )
- Vitamin D deficiency

if the result of the scan is going to influence treatment. (Consultant referral only)

## **7. Exclusions**

### 7.1. screening for osteoporosis

The use of DXA scanning to screening for osteoporosis outside the indications described above is not supported by the National Screening Committee and is not commissioned by the PCT.

### 7.2. Use of FRAX

Consistent with NICE guidance, the PCT does not currently commission DXA scans on based on the calculation of risk calculated using FRAX.

Approved: January 2009

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