

IV Zolendronic acid for post hip or other fragility fractures [>60 years]

Epsom and St Helier Hospital and Surrey Downs Place only – information for GPs

The following guidance has been produced to clarify for GPs the process used within ESTH to assess those patients aged over 60 years who have been admitted with a hip or other fragility fracture and who may be deemed to require IV Zolendronic acid rather than oral bisphosphonate therapy.

Please note that this process is different from the primary prevention assessments by the Rheumatology Dept. for patients with Osteoporosis who will assess and write with specific management plans for each patient.

Patient Assessment

All in-patients over the age of 50 years are reviewed by **Louise Roche** the ESTH fragility fracture clinical nurse specialist.

Louise can be contacted on Bleep 629 or 02082962520 or contact Angela Rodber (Dr Singh's secretary 02082962947).

The majority of patients over the age of 75 years with a fragility fracture are considered for secondary protection with oral /iv bisphosphonates unless there is a contraindication.

Patients with complex bone health issues are discussed at the bone health MDT meeting.

Assessment for Drug Therapy

Where treatment with bisphosphonate is indicated **first line is oral Alendronate.**

IV Zolendronic acid is considered if:

- There are definite or relative contraindications to oral bisphosphonates such as upper GI symptoms or any swallowing difficulties e.g. patients with previous stroke, PD, marked kyphosis.
- Cognitive impairment whereby the patient would not be able to correctly follow instructions for taking oral bisphosphonates.
- Significant delirium as an in-patient, even if the delirium fully resolves. The reasoning here is that the patient is very likely to develop delirium again with any inter-current illness once at home. This would impair ability to correctly take bisphosphonates.
- Previous non-compliance with oral bisphosphonates.
- Significant appropriate polypharmacy – where further oral medication may be a challenge

Number of Annual Infusions

The vast majority of patients have a once yearly infusion for a maximum of 3 years.

However some more frail patients will have a '**one-off**' IV Zoledronic acid infusion. These include patients who are mid to late 90s (as it is known that the effects of IV Zoledronic acid on bone probably last for 3-5 years), patients with severe dementia or marked frailty for whom the journey back to hospital for their yearly IV Zoledronic acid would be difficult.

Follow Up by ESTH Team

The hospital discharge letter should now include full details of the infusion and need for annual follow up to be arranged by the FLS team in the Trust.

Actions for GP

- Note on the patient's record that they have been given IV Zoledronic acid and ensure it is entered as a **HOSPITAL ONLY DRUG**
- Continue to prescribe appropriate Calcium and Vit D supplements
- If after **one year** you decide that they **can** be considered for oral Alendronic acid therapy please inform the ESTH specialist nurses so that the patient can be removed from their recall list
- **After one year** if the patient has **not been recalled** and this comes to your attention please contact the Specialist nurses who will arrange a reassessment and IV Zoledronic acid
- **After 3 years** of IV Zoledronic acid infusions consider a reassessment of the patient's bone health. Most patients will need to be maintained on long-term Calcium and Vitamin D supplements.

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