

## PHORM<sup>1</sup> starting oral bisphosphonates prompt sheet

### Underpinning assumptions for use of this document:

That the pharmacist/clinician user

- has a clear understanding of when bisphosphonate should be recommended (i.e. no further clinical decision making support needed)
- knows, or can access or calculate fracture risk
- knows or can access bone density results
- knows or can access or elicit patient risk factors
- has recent blood tests (eGfR) available

### Other resources which might be helpful

- Clinician training modules on shared decision-making, risk communication, health literacy and how to talk about osteoporosis, medication reviews [www.osteoporosisoptions.co.uk](http://www.osteoporosisoptions.co.uk)
- Dentist card for patients about oral bisphosphonates [www.erohub.co.uk](http://www.erohub.co.uk) + other resources
- Royal Osteoporosis Society patient information and support [www.theros.org.uk](http://www.theros.org.uk)
- [BoneMed Online](#) online support programme for people starting osteoporosis medicines

### Clinical decision-making reminders/ points to consider

<b>Clinical indication</b>	<ul style="list-style-type: none"> <li>• Depends on what clinical guidance using (<a href="#">NOGG</a> or <a href="#">SIGN</a>)</li> <li>• E.g. for NOGG - Above NOGG treatment or intervention threshold, after using FRAX <a href="#">Frax Calculator   FRAXplus®</a></li> </ul>
<b>Is oral treatment appropriate? (consider severity or nature of risk)</b>	<ul style="list-style-type: none"> <li>• Check local and/or national guidance</li> <li>• Consider advice and guidance or referral if very high fracture risk. Consider commencing oral osteoporosis medicines whilst awaiting secondary care review.</li> </ul>
<b>Contraindications /safety checks</b>	<p>Avoid and seek specialist advice if:</p> <ul style="list-style-type: none"> <li>• Symptomatic oesophageal disease.</li> <li>• Creatinine clearance &lt; 35 mL/minute (alendronate) or &lt; 30 mL/minute (risedronate)</li> <li>• Hypocalcaemia</li> <li>• Men under 50 or premenopausal women</li> <li>• History or atypical femoral fracture or osteonecrosis of the jaw</li> <li>• Pregnancy</li> </ul>
<b>Treatment adjuncts</b>	<ul style="list-style-type: none"> <li>• Vitamin D supplements               <ul style="list-style-type: none"> <li>○ Check local or national guidance.</li> <li>○ For people aged 65 and over replacement can be offered without the need for testing.</li> <li>○ If vitamin D has been tested, and is low, replacement can be started at same time as oral bisphosphonate</li> </ul> </li> <li>• Calcium supplements (combined ca and vit D) –               <ul style="list-style-type: none"> <li>○ Offer if dietary intake suboptimal &lt; 700mg daily (equivalent to a pint of milk).</li> <li>○ Consider using a dietary calcium calculator such <a href="#">Dietary calcium calculator for Public &amp; Patients - ERO Hub</a></li> </ul> </li> </ul>
<b>Dental</b>	<ul style="list-style-type: none"> <li>• Dental check is <b>not</b> required <b>before</b> commencing oral treatment.</li> <li>• Advice regular dental review and good dental hygiene.</li> <li>• For dental advice see <a href="#">Oral Health in pts at risk of MRONJ</a></li> </ul>

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Consultation task	Comments, explanations and links
1. Explore agenda, expectations and shared understanding	
<ul style="list-style-type: none"> <li>Elicit patient expectations</li> </ul>	Establish shared agenda for consultation
<ul style="list-style-type: none"> <li>Explore understanding of importance of bone health/osteoporosis</li> </ul>	Gently correct any misinterpretations <a href="#">Communicating about Osteoporosis e-learning</a>
2. Establish shared decision-making preferences	
<ul style="list-style-type: none"> <li>“Are you the sort of person who likes to weigh up all the information before making a decision or do you prefer to be guided?”</li> </ul>	<a href="#">Shared decision-making e-learning</a>
3. Explore and explain patient’s risk of breaking a bone and why further action is recommended	
<ul style="list-style-type: none"> <li>Ask first the patient’s thoughts about their own bone strength</li> </ul>	Understanding personal risk or threat of fracture is important in deciding whether to take medicine.
<ul style="list-style-type: none"> <li>Explain relevant risk factors/causes &amp; explain relevant results eg bone density/Fracture risk</li> </ul>	<a href="#">Explaining Bone Density (DXA) Scans e-learning</a> <a href="#">Communicating risk – e-learning</a>
4. Drug information. Establish shared information of	
<ul style="list-style-type: none"> <li>What medicine achieves                             <ul style="list-style-type: none"> <li>strengthen your bone, working silently</li> <li>lower your chance of a broken bone</li> </ul> </li> </ul>	Additionally explain that the medicine aims to <ul style="list-style-type: none"> <li>play an important role in maintaining independence and protecting the spine</li> <li>but does not make you feel better, and it is not possible to ‘feel’ stronger bones</li> </ul> Realistic expectations of treatment are associated with better adherence
<ul style="list-style-type: none"> <li>Possible side effects                             <ul style="list-style-type: none"> <li>common side effects and</li> <li>rare long-term issues</li> <li>positive actions the patient can take to reduce likelihood</li> <li>what to do if experience side effects</li> </ul> </li> </ul>	Explain the chance (simple frequencies) of getting More information is within <a href="#">Medication reviews e-learning</a> <ul style="list-style-type: none"> <li>Reassure no effect on sexual function</li> </ul> Emphasize other options are available if needed
<ul style="list-style-type: none"> <li>Practical issues</li> </ul>	<ul style="list-style-type: none"> <li>explain what is involved in taking the medicine (30 min fast, upright), &amp; <b>why</b> there are ‘special instructions’ to support better absorption.</li> <li>explain how long it will be taken for <a href="#">Duration flowchart</a></li> </ul>
<ul style="list-style-type: none"> <li>Interactions</li> </ul>	Or reassure there are no interactions as relevant
<ul style="list-style-type: none"> <li>Monitoring</li> </ul>	Explain when the patient can expect <ul style="list-style-type: none"> <li>Another review and/or DXA scan</li> </ul>
5. Explore and explain lifestyle management as relevant/ according to patient preferences	
<ul style="list-style-type: none"> <li>Dietary intake of calcium or supplement use</li> </ul>	Assess/suggest patient assesses dietary intake if needed. <a href="#">Calcium Calculator</a> <a href="#">Ca Food chooser</a>
<ul style="list-style-type: none"> <li>Vitamin D</li> </ul>	Consider supplements if risk factors eg age 65+, housebound
<ul style="list-style-type: none"> <li>Smoking cessation &amp; Alcohol &lt; 3 U daily</li> </ul>	Give advice as needed
<ul style="list-style-type: none"> <li>Physical activity</li> </ul>	<a href="#">Exercise guidance</a>
6. Closing the consultation	
<ul style="list-style-type: none"> <li>Check understanding</li> </ul>	
<ul style="list-style-type: none"> <li>Ask what questions/concerns they have</li> </ul>	
<ul style="list-style-type: none"> <li>Signpost further information and safety net who to contact if queries</li> </ul>	<a href="#">BoneMed Online</a> online support programme for people starting osteoporosis medicines

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