

Summary of NICE Guidelines

Title	Bisphosphonates for treating osteoporosis
NICE Reference	TA464
Date of Review:	October 2017
Date of Publication	August 2017
Summary of Guidance (Max 250 words)	 Oral bisphosphonates (alendronic acid, ibandronic acid and risedronate sodium) are recommended as options for treating osteoporosis in adults only if: The person is eligible for risk assessment as defined in NICE guideline CG146, and The 10-year probability of osteoporotic fragility fracture is at least 1%.
	 IV bisphosphonates (ibandronic acid and zoledronic acid) are recommended as options for treating osteoporosis in adults only if: The person is eligible for risk assessment as defined in NICE guideline CG146, and The 10-year probability of osteoporotic fragility fracture is at least 10%, or The 10-year probability of osteoporotic fragility fracture is at least 1% and the patient has difficulty taking oral bisphosphonates.
	Estimate the 10-year probability of osteoporotic fragility fracture as per NICE guideline CG146.
	The choice of treatment should be made on an individual basis after discussion between the clinician and the patient (or their carers) about the advantages and disadvantages of the appropriate treatments. If generic products are available, start treatment with the least expensive medication, taking into account administration costs, the dose needed and the cost per dose.
Impact on Lab	
(See below)	None
Lab professionals to be	✓ Chemical Pathologist
made aware	✓ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	TA464 provides advice on treatment of osteoporosis with bisphosphonates. There are no recommendations that impact the laboratory in relation to treatment (or monitoring) of osteoporosis.

Impact on Lab

None: This NICE guideline has no impact on the provision of laboratory services

Moderate: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.



Important: This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by: Mr Ryan Cooper Reviewed by: Anne Dawnay (Consultant Clinical Scientist)