

## ADVANCE

## Practice Enhancement Program

Patient number: \_\_\_\_\_

Inclusion Criteria: ☐ Treated to prevent fracture and last seen between November 2008 and April 2009

## Patient Information:

Gender: ☐ Male ☐ Female Age: \_\_\_\_\_ years Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kgRace: ☐ Asian ☐ Black ☐ Caucasian ☐ OtherLength of treatment to prevent fracture: ☐ <1 year ☐ 1-5 years ☐ >5 yearsFragility fracture after age 40: ☐ Spine ☐ Hip ☐ Wrist ☐ Other: \_\_\_\_\_ ☐ NoneSystemic glucocorticoid therapy of >3 months' duration: ☐ Yes ☐ No

Most recent bone mineral density (BMD) measurement (lowest T-score): \_\_\_\_\_

Date of most recent BMD measurement: \_\_\_\_\_

Site of lowest T-score: ☐ Lumbar spine ☐ Total hip ☐ Femoral neck ☐ Trochanter ☐ Other: \_\_\_\_\_

Significant change in BMD between most recent and previous scans: \*1

Lumbar spine	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> None	<input type="checkbox"/> N/A
Total hip	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> None	<input type="checkbox"/> N/A
Femoral neck	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> None	<input type="checkbox"/> N/A
Trochanter	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> None	<input type="checkbox"/> N/A

Serum vitamin D availability: ☐ Available in chart ☐ Test had to be scheduled → Date scheduled: \_\_\_\_\_

Serum vitamin D level (nmol/L): \_\_\_\_\_ Month measurement taken: \_\_\_\_\_

If serum vitamin D level is not available, please consider arranging to have patient tested for serum 25(OH)D level (assay L606 on schedule of laboratory fees<sup>2</sup>). Note: there is no charge to the patient for this assay.

## Current Osteoporosis Medications

None <input type="checkbox"/>	
<b>Bisphosphonate</b>	
Alendronate (Fosamax®)	<input type="checkbox"/> 5 mg/day <input type="checkbox"/> 10 mg/day <input type="checkbox"/> 70 mg/week
Alendronate/cholecalciferol (Fosavance®)	<input type="checkbox"/> 70 mg/2800 IU per week <input type="checkbox"/> 70 mg/5600 IU per week
Etidronate/calcium carbonate (Didrocal®)	<input type="checkbox"/> 400 mg/1250 mg
Risedronate (Actonel®)	<input type="checkbox"/> 5 mg/day <input type="checkbox"/> 35 mg/week <input type="checkbox"/> 150 mg/month
Risedronate – calcium carbonate (Actonel® Plus Calcium)	<input type="checkbox"/> 35 mg/week – 1250 mg/day (six days/week)
Zoledronic acid (Aclasta)	<input type="checkbox"/> 5 mg/100 mL yearly infusion
<b>Hormone therapy</b>	
Estradiol-17β (Climara®, Estraderm®, Estradot®)	<input type="checkbox"/> 25 µg/day <input type="checkbox"/> 37.5 µg/day <input type="checkbox"/> 50 µg/day
	<input type="checkbox"/> 75 µg/day <input type="checkbox"/> 100 µg/day
Estradiol-17β (micronized) (Estrace®)	<input type="checkbox"/> 0.5 mg/day <input type="checkbox"/> 1 mg/day <input type="checkbox"/> 2 mg/day
Estradiol-17β – norethindrone acetate/estradiol-17β (Estracomb®)	<input type="checkbox"/> 50 µg/day – 250 µg/50 µg per day
Norethindrone acetate/ethinyl estradiol (femHRT™)	<input type="checkbox"/> 0.5 mg/2.5 µg per day <input type="checkbox"/> 1 mg/5 µg per day
<b>Parathyroid hormone</b>	
Teriparatide (Forteo®)	<input type="checkbox"/> 20 µg/day
<b>Calcitonin</b>	
Salmon calcitonin (Miacalcin® NS)	<input type="checkbox"/> 200 IU/day
<b>Selective estrogen receptor modulator</b>	
Raloxifene (Evista®)	<input type="checkbox"/> 60 mg/day
<b>Supplementation</b>	
Calcium supplement	<input type="checkbox"/> None <input type="checkbox"/> <500 mg/day <input type="checkbox"/> 500-600 mg/day
	<input type="checkbox"/> 601-1199 mg/day <input type="checkbox"/> ≥1200 mg/day
Vitamin D supplement	<input type="checkbox"/> None <input type="checkbox"/> <2800 IU/week
	<input type="checkbox"/> 2800-5599 IU/week <input type="checkbox"/> ≥5600 IU/week
Other (please specify): _____ Dose: _____	

N/A = not applicable

The least significant change between two BMD measurements is 2.8 times the site-specific precision error for a single measurement.<sup>1</sup> The patient's most recent BMD report should note whether a significant change in BMD was observed at any of the sites.

## ADVANCE

## Practice Enhancement Program

**Evaluation of Current Regimen**

Is this patient's BMD satisfactory (i.e., has there been no significant decrease in any measurement between the most recent and previous scans)?<sup>3</sup> ☐ Yes ☐ No

Are this patient's serum vitamin D levels adequate?

☐ Yes ☐ No

If you answered "No" to one of the above questions, does this patient require any changes to their medication?

☐ Yes ☐ No

**Implications of Various Serum Vitamin D Levels<sup>4</sup>**

<50 nmol/L	Deficiency
50-79 nmol/L	Insufficiency
80-250 nmol/L	Sufficiency

**If patient requires changes to medication, please complete the section below and consider arranging an appointment in order to implement proposed changes.**

**Changes to Regimen (if applicable)**

Please indicate what changes you intend to make, if applicable (please check all that apply):

<input type="checkbox"/> <b>A.</b> Increase dose of current medication	<input type="checkbox"/> <b>B.</b> Change to another medication: <ul style="list-style-type: none"> <li><input type="checkbox"/> Bisphosphonate</li> <li><input type="checkbox"/> Parathyroid hormone</li> <li><input type="checkbox"/> Calcitonin</li> <li><input type="checkbox"/> Hormone therapy</li> <li><input type="checkbox"/> Selective estrogen receptor modulator</li> </ul>	<input type="checkbox"/> <b>C.</b> Add or increase dose of supplement: <ul style="list-style-type: none"> <li><input type="checkbox"/> Calcium</li> <li><input type="checkbox"/> Vitamin D</li> </ul>	<input type="checkbox"/> <b>D.</b> Provide counselling regarding lifestyle modifications
--	---	---	--

Would this patient benefit from combination therapy with vitamin D? ☐ Yes ☐ No

Please check medication(s) and supplement(s) to be included in proposed regimen:

<b>Bisphosphonate</b>			
Alendronate (Fosamax®)	<input type="checkbox"/> 5 mg/day	<input type="checkbox"/> 10 mg/day	<input type="checkbox"/> 70 mg/week
Alendronate/cholecalciferol (Fosavance®)	<input type="checkbox"/> 70 mg/2800 IU per week	<input type="checkbox"/> 70 mg/5600 IU per week	
Etidronate/calcium carbonate (Didrocal®)	<input type="checkbox"/> 400 mg/1250 mg		
Risedronate (Actonel®)	<input type="checkbox"/> 5 mg/day	<input type="checkbox"/> 35 mg/week	<input type="checkbox"/> 150 mg/month
Risedronate – calcium carbonate (Actonel® Plus Calcium)	<input type="checkbox"/> 35 mg/week – 1250 mg/day (six days/week)		
Zoledronic acid (Aclasta)	<input type="checkbox"/> 5 mg/100 mL yearly infusion		
<b>Hormone therapy</b>			
Estradiol-17β (Climara®, Estraderm®, Estradot®)	<input type="checkbox"/> 25 µg/day	<input type="checkbox"/> 37.5 µg/day	<input type="checkbox"/> 50 µg/day
Estradiol-17β (micronized) (Estrace®)	<input type="checkbox"/> 0.5 mg/day	<input type="checkbox"/> 75 µg/day	<input type="checkbox"/> 100 µg/day
Estradiol-17β – norethindrone acetate/estradiol-17β (Estracomb®)	<input type="checkbox"/> 50 µg/day – 250 µg/50 µg per day	<input type="checkbox"/> 1 mg/day	<input type="checkbox"/> 2 mg/day
Norethindrone acetate/ethinyl estradiol (femHRT™)	<input type="checkbox"/> 0.5 mg/2.5 µg per day	<input type="checkbox"/> 1 mg/5 µg per day	
<b>Parathyroid hormone</b>			
Teriparatide (Forteo®)	<input type="checkbox"/> 20 µg/day		
<b>Calcitonin</b>			
Salmon calcitonin (Miacalcin® NS)	<input type="checkbox"/> 200 IU/day		
<b>Selective estrogen receptor modulator</b>			
Raloxifene (Evista®)	<input type="checkbox"/> 60 mg/day		
<b>Supplementation</b>			
Calcium supplement	<input type="checkbox"/> None	<input type="checkbox"/> <500 mg/day	<input type="checkbox"/> 500-600 mg/day
	<input type="checkbox"/> 601-1199 mg/day	<input type="checkbox"/> ≥1200 mg/day	
Vitamin D supplement	<input type="checkbox"/> None	<input type="checkbox"/> <2800 IU/week	
	<input type="checkbox"/> 2800-5599 IU/week	<input type="checkbox"/> ≥5600 IU/week	
Other (please specify): _____		Dose: _____	

Follow-up appointment scheduled: ☐ Yes ☐ No

1. Siminoski K et al. Can Assoc Radiol J 2005; 56:178-88.

2. Ontario Ministry of Health and Long-Term Care. Schedule of Benefits for Laboratory Services [Online]. 2007.

[cited 2008 October 23]. Available from: [http://www.health.gov.on.ca/english/providers/program/ohip/sob/lab/lab\\_services\\_sched\\_01\\_19990401.pdf](http://www.health.gov.on.ca/english/providers/program/ohip/sob/lab/lab_services_sched_01_19990401.pdf).

3. International Society for Clinical Densitometry. Canadian Physician Pocket Guide to BMD Testing [Online]. 2004 [cited 2008 May 26]. Available from: <http://www.iscd.org/Visitors/pdfs/ISCD-CANADIANPanelOfficialPositions-BMDcard.pdf>.

4. Grant WB, Holick MF. Altern Med Rev 2005; 10:94-111.