

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:** _____ kg

Race: Asian Black Caucasian Other

Length of treatment to prevent fracture: <1 year 1-5 years >5 years

Fragility fracture after age 40: Spine Hip Wrist Other: _____ None

Systemic 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 fees²). Note: there is no charge to the patient for this assay.

Current Osteoporosis Medications

None <input type="checkbox"/>			
Bisphosphonate			
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		
Hormone therapy			
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	
Parathyroid hormone			
Teriparatide (Forteo®)	<input type="checkbox"/> 20 µg/day		
Calcitonin			
Salmon calcitonin (Miacalcin® NS)	<input type="checkbox"/> 200 IU/day		
Selective estrogen receptor modulator			
Raloxifene (Evista®)	<input type="checkbox"/> 60 mg/day		
Supplementation			
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

¹The least significant change between two BMD measurements is 2.8 times the site-specific precision error for a single measurement. ²The patient's most recent BMD report should note whether a significant change in BMD was observed at any of the sites.

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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)?³ 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 ⁴	
<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"/> A. Increase dose of current medication	<input type="checkbox"/> B. Change to another medication: <input type="checkbox"/> Bisphosphonate <input type="checkbox"/> Parathyroid hormone <input type="checkbox"/> Calcitonin <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Selective estrogen receptor modulator	<input type="checkbox"/> C. Add or increase dose of supplement: <input type="checkbox"/> Calcium <input type="checkbox"/> Vitamin D	<input type="checkbox"/> D. Provide counselling regarding lifestyle modifications
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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:

Bisphosphonate			
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 (Diprocal [®])	<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		
Hormone therapy			
Estradiol-17 β (Climara [®] , Estraderm [®] , Estradot [®])	<input type="checkbox"/> 25 μ g/day	<input type="checkbox"/> 37.5 μ g/day	<input type="checkbox"/> 50 μ g/day
Estradiol-17 β (micronized) (Estrace [®])	<input type="checkbox"/> 0.5 mg/day	<input type="checkbox"/> 75 μ g/day	<input type="checkbox"/> 100 μ g/day
Estradiol-17 β – norethindrone acetate/estradiol-17 β (Estracomb [®])	<input type="checkbox"/> 50 μ g/day – 250 μ g/50 μ g per day		
Norethindrone acetate/ethinyl estradiol (femHRT [™])	<input type="checkbox"/> 0.5 mg/2.5 μ g per day	<input type="checkbox"/> 1 mg/5 μ g per day	
Parathyroid hormone			
Teriparatide (Forteo [®])	<input type="checkbox"/> 20 μ g/day		
Calcitonin			
Salmon calcitonin (Miacalcin [®] NS)	<input type="checkbox"/> 200 IU/day		
Selective estrogen receptor modulator			
Raloxifene (Evista [®])	<input type="checkbox"/> 60 mg/day		
Supplementation			
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"/> \geq 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"/> \geq 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.
 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.