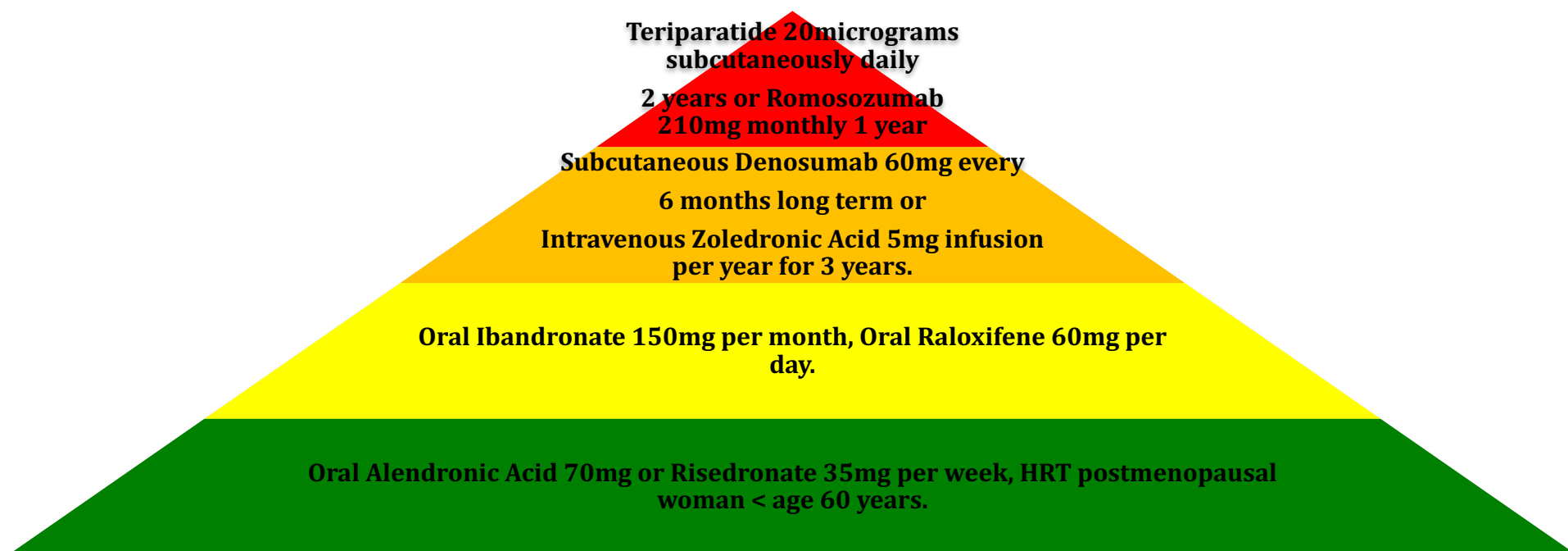


**D & G Quick Reference Guide for Initial DEXA referral and Treatment
for Postmenopausal Women and Men age 50 or above**

<p align="center">Fracture Low trauma in past 5 years</p>	<p align="center">DEXA</p>
<p align="center">Steroids Current corticosteroid therapy equivalent to prednisolone 5mg or above for past 3 months</p>	<p align="center">DEXA if age < 65 and no low trauma fractures</p> <p align="center">If 65 or above, or prior low trauma fracture, treat for duration of steroid therapy without need for DEXA</p>
<p align="center">Other Risk Factors Risk factors other than low trauma fracture or steroid use</p>	<p align="center">Qfracture 10% or > = DEXA</p> <p align="center">Qfracture < 10% = No DEXA</p>

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Colour Code

	Specialist prescription only via Osteoporosis Clinic
	1 st line parenteral treatment via osteoporosis clinic
	2 nd line oral treatment
	1 st line oral treatment

Calcium & Vitamin D

Aim for dietary sources if possible, supplements required if <ul style="list-style-type: none"> • Biochemical insufficiency • Dietary deficiency unable to be improved • High dose steroid • Frailty where may have reduced absorption
Adcal D3 2 caplets or 1 tablet twice a day The iCal D3 1 tablet per day

Vitamin D Deficiency (<25 mmol/l)

Loading dose (see guideline on HIPPO)– Stexerol D3 2 x 25,000 units per week or Invita D3 50,000 unit drops (2x 25,000 unit vials) per week for 6 weeks
Maintenance after loading for deficiency or without loading for insufficiency– Colecalciferol D3 1000 – 2000 units per day (otc) Stexerol D3 1000 units per day or 25,000 units per month Invita D3 25,000 unit drops (1 vial) per month