



American Association of Clinical Endocrinologists

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For Immediate Release

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Postmenopausal Osteoporosis Evaluation, Diagnosis and Treatment the Focus of Updated Clinical Practice Guidelines and Algorithm Published By American Association of Clinical Endocrinologists/American College of Endocrinology

JACKSONVILLE, Fla. – (September 20, 2016) – [The American Association of Clinical Endocrinologists](http://www.aace.com) (AACE) and the American College of Endocrinology (ACE) today announced the publication of new clinical practice guidelines and an accompanying algorithm to assist physicians and other medical professionals with the diagnosis, fracture risk assessment and treatment of postmenopausal osteoporosis patients.

The two documents are published in Volume 22, Issue 9 of the association's peer-reviewed scientific journal *Endocrine Practice*: <http://journals.aace.com/loi/ndp>

The CDC estimates that 16 percent of U.S. women 50 years of age and older suffer from osteoporosis, a disease of abnormal bone loss that frequently results in debilitating fractures -- particularly of the spine and hip -- that lead to years of pain and disability. Recent analysis suggests that the annual cost of caring for osteoporotic fractures exceeds the annual costs of caring for breast cancer, myocardial infarction (heart attack), or stroke in women aged 55 years and older.

Despite the prevalence of the disease in the baby boomer generation and the associated costs, less than one in four women aged 67 years or older with an osteoporosis-related fracture undergo bone density measurement or begin osteoporosis treatment.

To address this public health issue, the AACE/ACE guidelines offer key recommendations, among them:

- All postmenopausal women aged 50 and older should undergo clinical assessment for osteoporosis and fracture risk, including a detailed history and physical examination using tools such as the World Health Organization's (WHO) clinical fracture risk assessment (FRAX®), when available.
- Bone mineral density (BMD) testing (which uses x-rays to measure how many grams of calcium and other bone minerals are present in the bone segment) is recommended in women aged 65 and older as well as younger postmenopausal women at increased risk for bone loss and fracture, based on fracture risk analysis.

- Because of the high prevalence of secondary osteoporosis, a condition in which diseases that affect the body secondarily affect the skeleton, medical evaluation is indicated in all women with postmenopausal osteoporosis and at high fracture risk to identify co-existing medical conditions that may be causing or contributing to the patient's bone loss.
- In terms of pharmacologic therapy, those patients with lower or moderate fracture risk can be started on oral agents, while injectable agents can be considered as initial therapy for those who have the highest fracture risk. Until the effect of combination therapy on fracture risk is better understood, AACE does not recommend such use of pharmaceutical agents for osteoporosis prevention or treatment.

“With the increasing impact of postmenopausal osteoporosis on quality and quantity of life as our citizens age, it is imperative that we offer efficient, effective evaluation and treatment for those who may be suffering from this devastating disease,” said Pauline Camacho, MD, FACE, co-chair of the AACE Osteoporosis Task Force and AACE President. “These guidelines incorporate the latest evidence and expert opinion to offer physicians, regulatory bodies and interested laypersons the information needed to reduce the risk of osteoporosis-related fractures.”

“Increasingly there has been concern about prolonged use of bisphosphonates and rare adverse events such as osteonecrosis of the jaw and atypical femoral fractures,” she added. “The guidelines will have recommendations on the duration of therapy based on severity of osteoporosis and fracture risk. We hope these recommendations will guide clinicians in the long-term care of osteoporosis patients.”

To view the AACE guidelines please click here: <https://www.aace.com/files/final-appendix-sept-7.pdf>. To view the algorithm, please click here: <https://www.aace.com/files/final-algorithm.pdf>.

About the American Association of Clinical Endocrinologists (AACE)

The American Association of Clinical Endocrinologists (AACE) represents more than 7,000 endocrinologists in the United States and abroad. AACE is the largest association of clinical endocrinologists in the world. The majority of AACE members are certified in endocrinology, diabetes and metabolism and concentrate on the treatment of patients with endocrine and metabolic disorders including diabetes, thyroid disorders, osteoporosis, growth hormone deficiency, cholesterol disorders, hypertension and obesity. Visit our site at <http://www.aace.com>.

About the American College of Endocrinology (ACE)

The American College of Endocrinology (ACE) is the charitable, educational and scientific arm of the American Association of Clinical Endocrinologists (AACE). ACE is the leader in advancing the care and prevention of endocrine and metabolic disorders by: providing professional education and reliable public health information; recognizing excellence in education, research and service; promoting clinical research and defining the future of Clinical Endocrinology. For more information, please visit <http://www.aace.com/college/>.

About the Journal

[Endocrine Practice](#), the official journal of the American College of Endocrinology (ACE) and the American Association of Clinical Endocrinologists (AACE), is a peer-reviewed journal published twelve times a year. The Journal publishes the latest information in the treatment of diabetes, thyroid disease, obesity, growth hormone deficiency, sexual dysfunction and osteoporosis, and contains original articles, case reports, review articles, commentaries, editorials, visual vignettes, as well as classified and display advertising. Special issues of *Endocrine Practice* also include AACE clinical practice guidelines and other AACE/ACE white papers. Complete content is available on the *Endocrine Practice* website.

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