

From the Acting Chief Medical Officer
Dr Elizabeth Mitchell



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE) 32/09 TA 160

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

**Subject: Technology Appraisal No 160 –
Osteoporosis – Primary Prevention**
(Alendronate, Etidronate, Risedronate, Raloxifene and
Strontium Ranelate for the Primary Prevention of
Osteoporotic Fragility Fractures in Postmenopausal
Women)

For action by:

Chief Executives of HSC Board – **for distribution to:**

- Directors of Public Health
- Directors of Nursing
- Directors of Pharmaceutical Services
- Directors of Primary Care – for cascade to prescribing and
GP Advisors

Chief Executives of HSC Trusts – **for distribution to:**

- Medical Directors – for cascade to relevant staff
- Directors of Nursing – for cascade to relevant staff
- Directors of Pharmaceutical Services – for cascade to
relevant staff

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

For Information to:

- Chair of HSC Board
- Chief Executive Public Health Agency
- Director of Public Health, Public Health Agency
- Director of Nursing, Public Health Agency
- Chairs of HSC Trusts
- Chief Executive, Regulation & Quality Improvement Authority
- Chief Officers HSC Councils
- Chief Executive/Postgraduate Dean, NIMDTA
- Chief Executive, NICPPET
- Chief Executive, NIPEC
- Chief Executive, RMSC

Summary of Contents:

This technology appraisal is about when Alendronate, Etidronate,
Risedronate, Raloxifene and Strontium Ranelate should be used to
prevent bone fractures in postmenopausal women. It covers women
who have osteoporosis but who have not had a fracture because of it.

Enquiries:

Any enquiries about the content of this Circular should be addressed
to:

- Standards & Guidelines Unit
- DHSSPS
- Room D1.4
- Castle Buildings
- Stormont
- BELFAST
- BT4 3SQ

SGU-NICEGuidance@dhsspsni.gov.uk

Circular Reference: HSC (SQSD) (NICE) 32/2009

Date of Issue: 25 June 2009

Related documents:

See bullet points 5 and 6 below

Superseded documents

Status of Contents:

Action

Implementation:

Within 3 months

Additional copies:

Available to download from

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

Dear Colleagues

Technology Appraisal No 160 – Osteoporosis – Primary Prevention

Whether or not a postmenopausal woman with osteoporosis is offered one of these drugs to prevent bone fractures will depend on her age, her bone density and how many risk factors for fracture and indicators of fragile bones she has.

In principle, alendronate is recommended as a possible treatment for preventing bone fractures in postmenopausal women who have had osteoporosis diagnosed but have not had a fracture.

If a woman can't take alendronate, risedronate and etidronate are recommended under certain circumstances as possible alternative treatments to prevent fractures.

If a woman can't take alendronate or either risedronate or etidronate, then strontium ranelate is recommended under certain circumstances as a possible alternative treatment to prevent fractures.

Raloxifene is not recommended as a treatment for preventing fractures in postmenopausal women with osteoporosis who have not had a fracture.

The guidance says that women who are 75 or over may not need a bone scan to diagnose their osteoporosis.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE technology appraisal is available for download at:

<http://www.nice.org.uk/Guidance/TA160>

The HSC sector also should note that;

1. The Department expects the HSC sector to put plans in place within 3 months of this e;mail alert, to facilitate implementation of this guidance.
2. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.
3. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/Guidance/TA160> and include costing tools, implementation advice and audit criteria to monitor local practice.
4. This guidance will be considered for review by NICE in July 2010.
5. NICE has published related guidance as follows:

Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women. NICE technology appraisal guidance 161 (2008). Available for download at: www.nice.org.uk/TA161

6. NICE is in the process of developing the following related guidance:

Osteoporosis: assessment of fracture risk and the prevention of osteoporotic fractures in individuals at high risk. NICE clinical guideline (publication date to be confirmed).

All NICE guidance endorsed by the Department to date can be accessed on the DHSSPS website at: [Safety, Quality and Standards | NICE Guidance | DHSSPS\(NI\)](#)

Circular HSS (PPMD) (NICE) 01/06 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at: http://dhsspsni.gov.uk/nice_guidance_01-06.pdf



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