

Linda Campbell, Osteoporosis Specialist Nurse
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DXA Scan

Request form

(Ver. 6; Nov 2012; Review date: Nov 2013)

Patient's name: DOB: Age: Unit no.: NHS No.: Sex: Address: Post code: Telephone:	Referring Clinician/GP: Department/Practice: Address: Practice ID: Name of GP: Telephone:
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Inpatient Outpatient

If inpatient, please arrange for escort as appropriate. Ward:

Referral Information (Minimum age of patient referred should be >21 years). Please tick all relevant boxes. This will help in calculating 10 year probability of risk of hip fracture and major osteoporotic fracture.

Major Risk Factors for Fragility Fracture			
Previous fragility fracture (Please state site):	<input type="checkbox"/>	Prolonged amenorrhoea (over 3 months, not due to pregnancy) or untreated premature menopause (<45 year old, surgical or natural)	<input type="checkbox"/>
Current (> 3 months duration) or frequent use (>3 x per year) of oral or systemic glucocorticoids	<input type="checkbox"/>	Alcohol consumption of more than 14 units women/21 units men per week	<input type="checkbox"/>
Parental history of osteoporosis / hip fracture	<input type="checkbox"/>	Current smoker	<input type="checkbox"/>
Body mass index < 18.5 Kg/m ²	<input type="checkbox"/>	History of falls	<input type="checkbox"/>
Known osteomalacia or Vitamin D deficiency (<25)	<input type="checkbox"/>		
Other Risk Factors for Fragility Fracture			
Endocrine problems e.g. thyrotoxicosis, hyperparathyroidism, Cushing's Syndrome	<input type="checkbox"/>	Malabsorption e.g. Inflammatory bowel disease, Coeliac disease, Crohn's Disease, Ulcerative colitis	<input type="checkbox"/>
Diagnosed Rheumatoid Arthritis or SLE	<input type="checkbox"/>	Chronic liver disease	<input type="checkbox"/>
Chronic Kidney Disease (eGFR below 50 ml/min)	<input type="checkbox"/>	Heart Attack / Angina / Stroke / TIA	<input type="checkbox"/>
Diabetes mellitus: Type I or Type 2 (Please circle)	<input type="checkbox"/>	COPD or Asthma	<input type="checkbox"/>
Taking Depo-provera injection	<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>
Aromatase inhibitors use for breast cancer	<input type="checkbox"/>	Dementia	<input type="checkbox"/>
Taking antidepressants	<input type="checkbox"/>	Prolonged immobility	<input type="checkbox"/>
Epilepsy or taking anticonvulsants	<input type="checkbox"/>	Care Home resident	<input type="checkbox"/>
Taking anti HIV medication	<input type="checkbox"/>	pDXA suggesting Osteoporosis	<input type="checkbox"/>

Any disability: (**NB:** Patient must be able to climb and lie flat on the scanner table)

Yes No

Previous DXA Scan – Date/Place of scan:

T-Score: Spine- No events found. Hip- No events found.

Signature of referring clinician:

Date:

Date referral received:

Date & time of appointment:

**Please return the completed form at above mentioned address by -
Post or Fax (01226 433238) to Linda Campbell, Osteoporosis Specialist Nurse**

Guidance notes

The 10 year Absolute Fracture Risk of hip fracture or a major osteoporotic fracture risk can be calculated using FRAX (age 40 – 90 years) (<http://www.shef.ac.uk/FRAX>) or QFracture (age 30 – 84 years) (<http://www.qfracture.org>).

An intervention threshold is the level of risk at which an intervention is recommended. Threshold agreed by specialist clinicians in Barnsley is Hip fracture $\geq 3\%$ and/or Major osteoporotic fracture $\geq 20\%$ (any age group).

Risk assessment tools may underestimate fracture risk in certain circumstances, for example if a person:

- has a history of multiple fractures
- has had previous vertebral fracture(s) or hip fracture
- has a high alcohol intake
- is taking glucocorticoids (more than 7.5 mg prednisolone or equivalent per day for 3 months or longer)

Any patient with osteoporosis will need exclusion of secondary causes.

If patient suffers with heartburn or takes PPI, her symptoms should be monitored if started on oral Bisphosphonate (Alendronic acid, Risedronic acid, Ibandronic acid).

If patient develops heartburn with oral Bisphosphonate or has oesophageal dysmotility, then alternative drug should be considered as - Strontium, IV Zoledronic acid or s.c. Denosumab.

Before starting osteoporosis treatment, ensure eGFR >30 , Vitamin D >50 and normal level of serum calcium.

Initiate 800 IU Vitamin D and 1 -1.2 g Calcium supplementation daily in all patients living in a residential home, a nursing home or who are house bound and patients on anti-osteoporosis treatment.

We would recommend to refer the following group of patients with a 'high risk of fracture' (as assessed after DXA scan) to '**Rapid Access Clinic**' (by Fax at **01226 433376**) at Mount Vernon Hospital for further management –

- ★ Intolerance/Contraindication/non-compliance of oral osteoporosis drug
- ★ For the consideration of annual infusion of Zoledronic acid or 6 monthly Denosumab
- ★ Chronic Kidney disease (eGFR below 30 ml/min)
- ★ Developing a new fracture after staying on treatment for >12 months
- ★ Male patient with no recognised osteoporosis risk factor
- ★ Pre-menopausal women

DXA scan referral form has been developed by the 'Falls & Bone Health Unit', Mount Vernon Hospital, Barnsley. It is based on current guidelines from NICE CG146, NICE TA160, NICE TA161, NICE TA204, RCPL, SIGN, and NOGG.

Individual treatment guidance for fracture prevention will follow in DXA scan report. Hence, it is important to fill the referral form appropriately.

If you have any relevant question/suggestion, please contact: **Dr. Pravin Jha, Consultant Physician**. Telephone 01226 43 3387; email Pravin.Jha@swyt.nhs.uk