Management of Bisphosphonate associated Atypical Femoral Subtrochanteric and Shaft fractures
FRiSCy 2018 version 1.9 (revision date 10/19)

AIMS:
1) To optimize functional recovery of atypical fracture
2) To minimize the risk contralateral atypical fracture
3) To minimize the risk of other fragility fracture

Detection (see ASBMR taskforce guidance 2014):
At screens
1. Trauma team confirm: a) patient has been on an anti-resorptive in last 12 months; b) presence of any uni lateral or bilateral thigh pain/ discomfort
2. Radiologist confirms fracture pattern is consistent with an atypical fracture

Principles of care of Fractured side:
>Femur is likely to be brittle and have thick cortex
1) Consider reaming
2) Careful selection of entry point
3) Fully weight bear after surgery to reduce load on contralateral side

Principles of care of contralateral side:
1) ascertain presence and severity of thigh pain on opposite side (0-10 pain on walking)
2) Urgent AP/ Lateral femur Xray & MR Cor T1 and FSTIR during current admission

Discontinue bisphosphonate, inform local Osteoporosis service / rheumatology / orthogeriatricians with name, NHS No and ward and topic atypical subtroch fracture

Symptoms/ No symptoms + normal MRI

No symptoms + abnormal MRI

Symptoms + abnormal MRI

Reassure

Partial weight bearing with stick/crutch in opposite hand

Individual clinical decision
Principles:
1) Even if stop bisphosphonate, up to a one year off-effect
2) Risks of prophylactic nailing femur
3) Not enough evidence to risk stratify

Advise patient to represent to Trauma if new/ worsening symptoms

Routine clinical review with Xray and/or MRI as clinically indicated

South Central management of
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Management of general bone health
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Investigations
Bone/ renal profile
phosphate
25(OH)D
PINP/ CTXI
Spot urinary Calcium/ Creatinine

Stop Bisphosphonate therapy
Check calcium intake; Falls risk
Complete yellow card and Friscy atypical form
Blood and urine
Repeat DXA

Store
Serum
Urine
DNA
as part of research

Suitable for Teriparatide and patient agrees

YES

NO

Apply for 24 months teriparatide therapy

Consider prophylactic nailing of femur if patient requires anti-resorptive therapy

Advise patient to represent to Fracture Prevention/ Osteoporosis Service if further fracture or new/ worsening localised back pain

* Review risk and benefits with 2012/2013 MHRA guidance