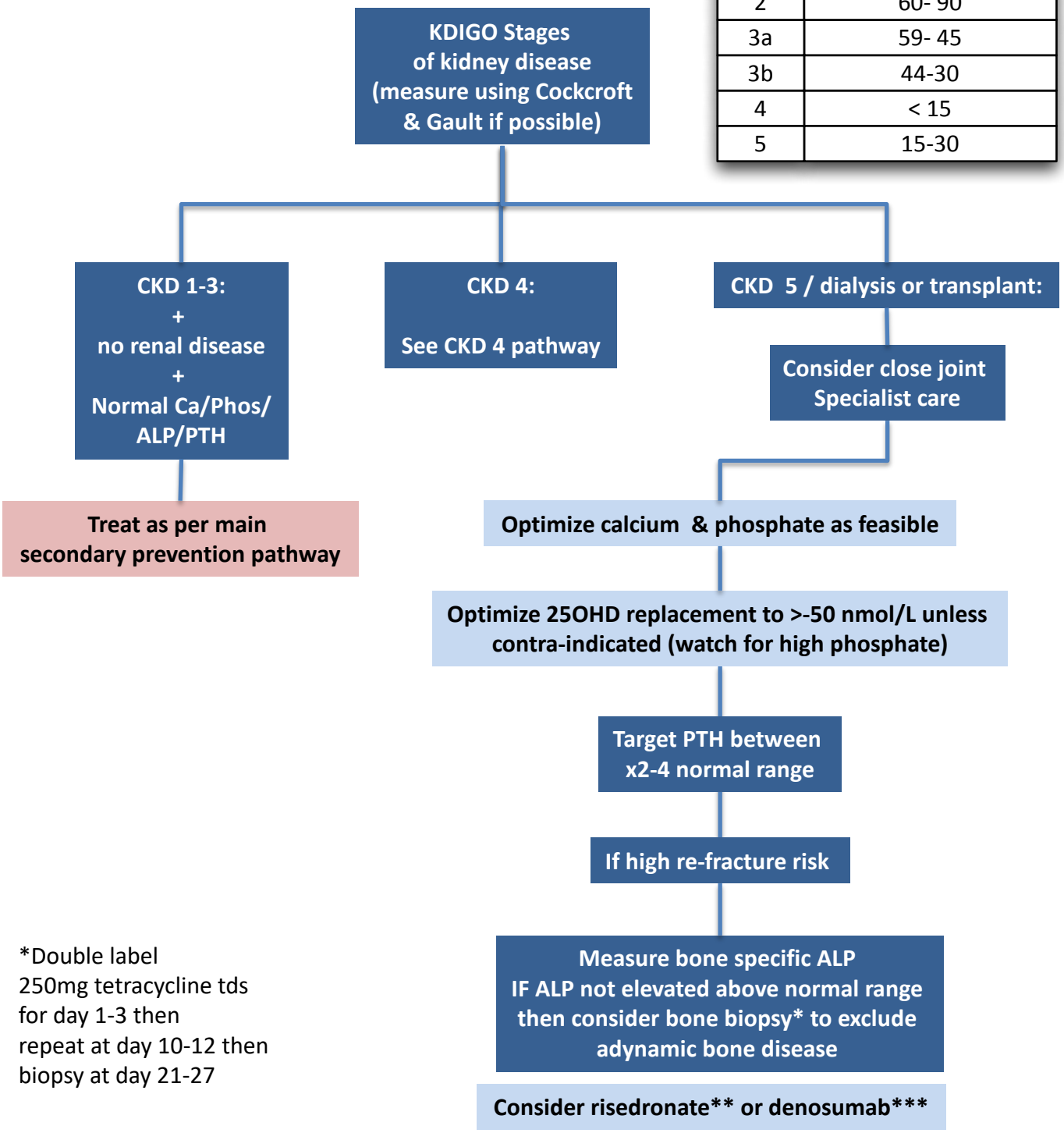
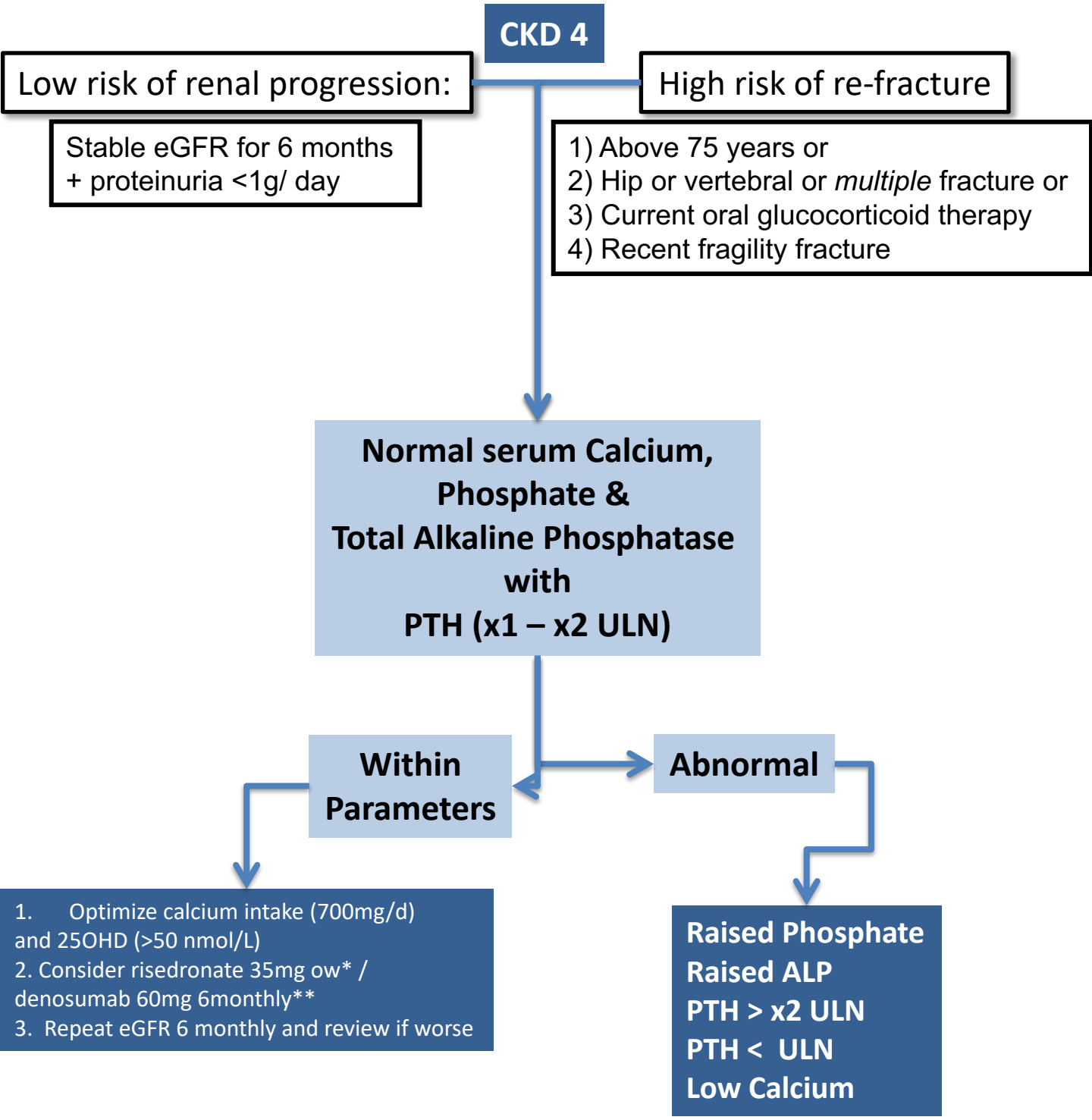
Additional Fracture Prevention Management of patients with established Chronic Kidney Disease stage 3-5 : 2012 final (review 07/18)

Stage	eGFR
1	> 90
2	60- 90
3a	59- 45
3b	44-30
4	< 15
5	15-30



*Double label
250mg tetracycline tds
for day 1-3 then
repeat at day 10-12 then
biopsy at day 21-27

***risk of worsening renal function so recheck eGFR 4 weeks after initiation**
****risk of severe hypocalcaemia: check Ca & 25OH before every injection. Aim to normalize 25OHD pre-injection and avoid PTH levels > 4 times ULN. Must ensure daily calcium intake >700mg & monitor serum calcium 1 week post injection at 1 week**



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Other points

- Consider bone biopsy if:
  - recurrent fractures
  - unexplained bone pain
  - Hypercalcaemia with low phosphate
  - Prior to anti-resorptive therapy
  - Previous aluminium use
- If high phosphate
  - Refer to renal dietician
  - Avoid calcium based phosphate binders
  - Use of sevelamer, lanthanum, sucroferric as per local guidelines
- If hyperparathyroid
  - Correct 25OH D status
  - Consider alfacalcidol
  - Refer to renal for cinacalcet
  - Consider parathyroidectomy as per local guidelines
- If transplant / on dialysis
  - Review in renal bone clinic