



# osteoblast

## Osteoporosis and cOVID-19

Osteoporosis Management during COVID-19

Vitamin D

News Update

# osteoporosis management during coVID-19

As we are all well aware this is a time for prioritising within the health arena with the current focus being on COVID-19. Osteoporosis Australia acknowledges the doctors on the frontline working to help the public.

Throughout this time many older patients continue to live with chronic diseases. Osteoporosis, like other chronic conditions, requires ongoing treatment. High-risk patients in particular require continuing treatment to reduce risk of fragility fractures.

Professor Peter Ebeling AO, Medical Director of Osteoporosis Australia, says, "We need to ensure our patients are taking medication as advised and getting prescriptions filled on time. However, we also know patients may be reluctant to attend GPs in person for parenteral osteoporosis therapy due to fear of COVID-19, choosing telemedicine consultations instead."

"However, it very important that 6-monthly denosumab injections are not delayed by more than 4 weeks. Patients should receive their injection. If patients still will not attend their GP for their denosumab injections, two alternatives exist: first, any nurse can safely administer the injection; second, for patients unable to receive an injection then the patient can be sent a prescription for an oral bisphosphonate, which can be

taken until they feel comfortable about reattending their GP to restart denosumab injections. When the COVID pandemic is over patients can be swapped back to denosumab with the first injection at time next oral tablet is due."

At this unprecedented time an alternate option may be for patients to be advised by their GP/specialist how to self-inject. To assist doctors wanting this option with suitable patients, information for GPs and their patients, including a how-to-inject video has been made available at the company product website [www.myprolong.com.au/covid19](http://www.myprolong.com.au/covid19)

If patients are unable to have their injection and are changed to an oral bisphosphonate (either alendronate 70mg weekly OR risedronate 35mg weekly OR risedronate 150mg monthly) the first dose should be taken around the time of the 'missed' denosumab dose or as soon as practical after that.

Additionally, as per current practice, the majority of patients on zoledronic acid infusions are conducted by specialists in hospitals. Patients enquiring about their

## Welcome

With the COVID-19 on many minds of our colleagues, this issue seeks to clarify the management of osteoporosis during this period of uncertainty.

**dr Weiwen chen**



infusion should consult directly with their prescribing doctor. Delays in infusions (by several months) is likely to be acceptable to some specialists but is dependent on the prescribing doctor.

Greg Lyubomirsky, Osteoporosis Australia CEO, says Osteoporosis Australia remains committed to helping osteoporosis patients throughout the COVID-19 crisis with a clear message focussing on medication compliance. Greg says, "We know by keeping patients up to date with their medication we can manage their condition and reduce fractures, thereby avoiding pressure on our already stretched hospital system."

Consumer website

**[www.osteoporosis.org.au](http://www.osteoporosis.org.au)**

Patient toll-free helpline

**1800 242 141**

# Vitamin D

With so many osteoporosis and osteopenia patients at home some simple advice around sunlight exposure for vitamin D as we move through autumn and head towards winter is a helpful tip.

For those on vitamin D supplements – ensuring that patients remain on their prescribed dose is also helpful at this time.

Reminding patients that vitamin D is rarely achievable through diet alone and requires extra action on their part will help.

Osteoporosis Australia National Public health Advisor A/Prof Justine Waters says “at this busy time for GPs its really important that patients continue to focus on their vitamin D levels where a lack of vitamin D has been identified, and particularly moving through the winter months.”

Vitamin D is widely available and can be in daily or weekly tablets or liquid format.



As a general guide only, Osteoporosis Australia recommends the following doses of vitamin D:

- For people who obtain some sun exposure but do not achieve the recommended level of exposure:
  - Under 70 years: at least 600 IU per day.
  - Over 70 years: at least 800 IU per day.
- For sun avoiders or people at risk of vitamin D deficiency higher doses may be required:
  - 1,000-2,000 IU per day.
- For people with moderate to severe vitamin D deficiency – (levels lower than 30 nmol/L):
  - 3,000-5,000 IU per day may be required for 6-12 weeks to raise the vitamin D level quickly, followed by a maintenance dose of 1,000-2,000 IU per day.

Note: It may take 3-5 months for a full improvement in vitamin D levels to be seen, so it is important check patient compliance with supplements.



# NeWS UPDATe



## Know Your Bones online usage

COVID-19 has resulted in many unexpected impacts. One positive outcome has been extra consumer engagement with Know Your Bones online self-assessment. The consumer self-assessment has now been completed by over 60,000 Australians. The current period has re-focused attention on credible online health information and the online self-assessment enables Osteoporosis Australia to provide a useful awareness and prevention tool to reach the community even during these challenging times.

[www.knowyourbones.org.au](http://www.knowyourbones.org.au)



## Bone Research – what’s on the horizon?

It is an exciting time in bone research, despite the current difficulties with Covid-19 restrictions limiting research work. Research continues into the genetics of bone to identify the many genes linked to bone development and strength.

We now know low bone density is part of, but not the whole story, when considering patient risk. The micro-architecture of bones is also important. Current research is looking into measuring this with special high-resolution scans to investigate patient risk. There is also a new focus on medications that build new bone with two such treatments becoming available internationally, but not yet in Australia. These treatments appear to be superior in preventing osteoporotic fractures.

Australian research investigating the role of high intensity resistance and impact training continues to show positive impact on bone density and structure in women and men with low bone mass. Studies are also comparing different forms of exercise to review relative efficacy for bone and functional outcomes. Research is showing when it comes to bone not all exercise is equal.

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**Resources for General Practice**  
Information and resources for general practice can be accessed online under the Healthcare Professional section of the Osteoporosis Australia website:  
[www.osteoporosis.org.au](http://www.osteoporosis.org.au)