



## **Osteoporosis Management during COVID-19**

**Throughout the coming months people living with osteoporosis will require ongoing treatment, it is critical patients remain fully compliant with their medication and treatment for managing osteoporosis and bone health.**

As the Australian healthcare sector continues to deal with the current COVID-19 situation, the Federal Government is working with medical groups to expand telehealth availability and consultations with GPs and medical specialists via telephone /video conferencing for patients needing to see their GP or specialist. The AMA urges chronic disease patients to visit their GP or specialist for ongoing management.

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”.

Professor Ebeling says, “It is very important that 6-monthly denosumab injections are not delayed by more than 4 weeks. If patients 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 re-attending 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 also be for patients to be advised by their GP/specialist how to self-inject. (note: 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) using the password learn)

If patients are unable to have their injection and are changed to an oral bisphosphonate (for example alendronate weekly or risedronate weekly or risedronate 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 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, CEO Osteoporosis Australia says the organisation 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.”

### **About Osteoporosis Australia (OA)**

Osteoporosis Australia is a national not-for-profit organisation providing osteoporosis information and services to the community and health professionals. Poor bone health is common in Australia leading to an estimated 165,000 fractures per year (2019). Once diagnosed osteoporosis can be managed to reduce fracture risk. Website: [www.osteoporosis.org.au](http://www.osteoporosis.org.au) Patient toll-free helpline: 1800 242 141.