

Appendix 1: Example of treatment guidelines endorsed by opinion leaders

Dear Dr. _____

Your patient, _____, was recently treated for a fracture of the wrist in the Emergency Department at the Hospital.

As you know, the vast majority of patients over the age of 50 with a fracture of the wrist have **osteoporosis**. Although you probably see and treat many patients with osteoporosis, we (a group of Edmonton-based specialists) believe that this patient is at particularly high risk for future events. Therefore, they should be seen promptly for further osteoporosis management, with the following points in mind:

- Patients with osteoporosis and a fracture are **20 times** more likely to fracture again than are patients with normal bone density and no previous fracture.
- **The risk of having another fracture is as high as 20%** for these patients, over the next year.
- Recent trials have consistently demonstrated that newer osteoporosis treatments can **reduce the risk of another fracture by at least 50%**.

Therefore, we recommend the following approach for patients like yours:

1. A bone density measurement
2. Starting elemental calcium (~ 1200 mg/day) and vitamin D (~ 800 IU/day)
3. Prompt treatment with a **bisphosphonate** (alendronate, risedronate) if you discover osteoporosis or osteopenia
4. Although **bisphosphonates** are considered the treatment of choice in this setting, they are not right for everyone. Alternative treatment options include:
 - **raloxifene**
 - **intranasal calcitonin**
 - **hormone replacement therapy**

These recommendations are based on recently published studies and practice guidelines. If you have any further questions or concerns, or would like any of the literature supporting these recommendations, please do not hesitate to contact us through our nurse _____ at phone # _____ or at fax # _____.

Yours sincerely,

OPINION LEADERS #1, #2, #3, #4, #5