

What's new in Bone and Metabolism

Some of the new information and major changes included in the Bone and Metabolism guidelines in eTG complete.

The Bone and Metabolism guidelines were reviewed by a dedicated group of experts in bone health and pituitary, adrenal and thyroid function. The guidelines focus on providing clear and concise information about the management of common endocrine disorders.

The **osteoporosis and minimal-trauma fracture** topic contains new detail about when to start drug therapy for osteoporosis following a minimal-trauma fracture, and when to consider drug therapy for primary prevention of fracture. Multiple drugs are available to treat osteoporosis—new information has been added to guide drug choice, including a table comparing the advantages and disadvantages of different antiresorptive drugs. Advice about the duration of bisphosphonate therapy has been updated, and new information about potential harms associated with interruption of denosumab therapy is included. A new section about considerations before treating osteoporosis helps to identify patients with secondary causes of bone loss and fracture that may require specific treatment.

Screening for **vitamin D deficiency** in healthy people with no risk factors for deficiency is not recommended. Updated advice explains who should have their vitamin D measured, and who is likely to benefit from supplementation.

The topics covering **thyroid disorders** have been extensively revised to provide comprehensive guidance that is easy to follow. The **hypothyroidism** topic contains new information about when and how to start thyroxine replacement therapy, as well as updated treatment targets tailored to different patient groups. The **thyrotoxicosis and hyperthyroidism** topic provides information about differential diagnoses, as well as initial, subsequent, and long-term management of hyperthyroidism.

Inadequate management of thyroid disorders during pregnancy increases the risk of pregnancy complications. The sections on **hypothyroidism in pregnancy** and **hyperthyroidism in pregnancy** provide practical guidance for maternal monitoring and treatment, based on the best available evidence.

Adrenal and pituitary gland function, and the impact of different disorders on their function, can be confusing. The updated topics use clear language to explain complex disorders, and include extra information targeted towards clinicians who may not regularly see patients with these disorders.

Advice on glucocorticoid replacement in patients with **adrenal insufficiency** and **hypopituitarism** has been updated, with a focus on using the lowest effective dose for maintenance. Clear advice about 'sick day' dosing is provided, to ensure adequate glucocorticoid dosing during illness and surgery.

The **pituitary adenomas** topic gives advice about the identification and management of conditions caused by functioning pituitary adenomas, such as **hyperprolactinaemia** and **acromegaly**. Advice about monitoring and management of prolactinomas during pregnancy and the postpartum period has been expanded.

Advice about the management of **hypocalcaemia** has been updated with clear and practical dose regimens based on the severity of hypocalcaemia. **Hypercalcaemia**, **hypophosphataemia**, **hyperphosphataemia** and **hyperparathyroidism** can have severe, acute presentations that require urgent management. Clear advice about how to intervene and when to refer these patients is provided in the revised topics.

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