

AMERICAN COLLEGE OF RHEUMATOLOGY

POSITION STATEMENT

SUBJECT: The Role of Rheumatologists in the Management of Osteoporosis

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO: Members of the American College of Rheumatology
Medical Societies
Managed Care Organizations/Third Party Carriers
Members of Congress

1 BACKGROUND:

2 Osteoporosis is the most common bone disease in humans and represents a major public health
3 problem. (1). It is characterized by low bone mass, deterioration of bone tissue and disruption of
4 bone architecture, compromised bone strength, and an increased in the risk of fracture. The
5 World Health Organization's diagnostic classification defines osteoporosis by a bone mineral
6 density (BMD) at the hip or spine of less than 2.5 standard deviations below peak bone mass (T-
7 score -2.5). Osteoporosis is an intermediate outcome for fractures; however, most fractures occur
8 in patients with low bone mass rather than osteoporosis. Osteoporosis occurs most frequently in
9 women after menopause, but can also affect men. It is the cause of most fractures in older people
10 and is an important contributor to mortality, physical disability, and medical expense. While
11 genetic predisposition, aging, and estrogen deficiency are the most common contributors, severe
12 bone loss may also be caused by a wide variety of medical problems including rheumatoid
13 arthritis and drugs such as corticosteroids. In these people, the weakening of bone may occur at a
14 younger age, setting the stage for premature fractures and disability.

15 The prevention and treatment of osteoporosis has been made possible by an increase in public
16 and physician awareness, advances in early diagnosis using bone density measurement,
17 improvements in treatment options.

18 Rheumatologists specialize in the diagnosis, management, and treatment of musculoskeletal
19 diseases. Osteoporosis is an important member of this family of diseases and frequently occurs in
20 people with arthritis who are often cared for by rheumatologists. For these reasons, expertise in
21 the osteoporotic diseases is an important professional focus of many rheumatologists.

22 Through training and experience, clinical rheumatologists possess several key competencies that
23 provide expert care for people with osteoporosis, including:

- 24 • Knowledge of osteoporotic disease, reinforced by continuing education in this field;
- 25 • A practice structure that emphasizes detailed analysis of complex medical problems and
26 highly organized comprehensive management of chronic diseases;
- 27 • Management and interpretation of bone density measurement, the key to diagnosing and
28 following patients with osteoporosis;

29 • A focus on rehabilitation of people with physically disabling disease to recover optimal
30 function and quality of life.

31 • Prevention and treatment of glucocorticoid-induced bone loss (2).

32 Some rheumatologists devote their careers to expanding and spreading knowledge about
33 osteoporosis through emphasis on clinical or basic research and education. Their efforts enhance
34 the capabilities of clinical rheumatologists and physicians in general in managing this disease.

35 Arthritis health professionals including nurses, nurse practitioners, physician assistants, physical
36 and occupational therapists, psychologists, and social workers work closely with rheumatologists
37 to provide a wide range of essential services for the care and rehabilitation of people with
38 osteoporosis and other rheumatic disease.

39 The American College of Rheumatology is the professional organization of rheumatologists and
40 arthritis health professionals - a source of leadership and education for rheumatologists
41 throughout the world.

42 **Position:**

43 The ACR supports the interests of its members in osteoporosis and the care of people with this
44 disease through a wide range of programs including:

- 45 • Comprehensive basic and clinical professional education programs;
- 46 • Support for osteoporosis research through research grants and other services to
47 rheumatology researchers;
- 48 • Development of clinical practice guidelines for optimal diagnosis and treatment¹;
- 49 • Programs to increase public awareness of osteoporosis and opportunities for expert care
50 from rheumatologists;
- 51 • Advocacy for osteoporosis research and care with government agencies, insurers, and
52 managed care organizations;
- 53 • Cooperation with health organizations interested in osteoporosis.

54 ¹U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of
55 the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of
56 the Surgeon General, 2004.

57 ²Recommendations for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis.
58 Arthritis & Rheumatism. 2001; 44(7):1496-1503.

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60 Approved by Committee on Rheumatologic Care: 07/01 06/05 06/08

61 Approved by Board of Directors: 08/01 08/05 08/08