



# BONE DENSITY & OSTEOPOROSIS:

## An Update for Manitoba Physicians

No. 16: March 1, 2026

### Updated 2023 Osteoporosis Canada Guidelines

<p><i>What has changed</i></p>	<p>In 2023 the osteoporosis Canada clinical practice guidelines were updated to reflect advances since the 2010 guidelines (1).</p> <p>Major changes include:</p> <ul style="list-style-type: none"> <li>• Using the GRADE approach and language for guideline statements</li> <li>• Revised initial BMD screening criteria</li> <li>• Shifting from a risk-based to a treatment-based focus</li> <li>• More specific treatment guidance for the former moderate risk group</li> <li>• More specific guidance for treatment initiation and duration</li> <li>• Revised BMD monitoring intervals for treated and untreated individuals</li> </ul> <p>These changes are now reflected in updated Manitoba BMD testing criteria and reporting practices.</p>
<p><i>GRADE language</i></p>	<p>GRADE statements use two categories of recommendation.</p> <ul style="list-style-type: none"> <li>• RECOMMEND = strong</li> <li>• SUGGEST = weak / conditional (CONSIDER is used in Manitoba)</li> </ul>
<p><i>What has <u>not</u> changed</i></p>	<p>10-year major fracture risk from the Canadian FRAX algorithm remains the primary risk assessment tool. Fracture risk <math>\geq 20\%</math> or a significant fracture history (previous hip or spine fracture, <math>\geq 2</math> fracture events) still warrants treatment.</p>
<p><i>Initial BMD testing for women</i></p>	<p>For women without additional risk factors for fracture, initial BMD screening at age 70 years is now recommended (2). BMD screening at age 65-69 years is appropriate for women with one risk factor, or earlier for women with previous fracture or <math>\geq 2</math> two risk factors.</p>
<p><i>Initial BMD testing for men</i></p>	<p>The Osteoporosis Canada guidelines do not differentiate between women and men. Evidence justifying screening at age 70 years for a woman without additional risk factors support testing in men at after age 80 years. Moreover, to achieve the 20% fracture risk threshold would require a hip T-score of -4.0, which would be extremely rare in a healthy man without additional risk factors for osteoporosis. Therefore, the Manitoba implementation of the guidelines requires the presence of 1 or more risk factors for screening in men.</p>

<p><i>Revised BMD reporting categories</i></p>	<p>2010 reporting categories were <u>risk based</u>:</p> <ul style="list-style-type: none"> <li>• Low risk (&lt; 10%)</li> <li>• Moderate risk (10-20% or BMD osteoporotic + risk &lt; 10%)</li> <li>• High risk (≥ 20% or high-risk fracture = hip, spine or multiple fracture episodes)</li> </ul> <p>2023 reporting categories are <u>treatment based</u>:</p> <ul style="list-style-type: none"> <li>• No treatment (risk &lt; 15% + BMD non-osteoporotic)</li> <li>• Consider treatment (15%-19% or osteoporotic + age &lt; 70)</li> <li>• Recommend treatment (≥ 20%, or BMD osteoporotic + age ≥ 70 years, or high-risk fracture = hip, spine or multiple fracture episodes)</li> </ul>						
<p><i>What differences will I see on the BMD report?</i></p>	<p>The top line of the report will now show one of the following based upon the Osteoporosis Canada guidelines treatment recommendations:</p> <table border="1" data-bbox="467 678 1427 835"> <tr> <td><b>GUIDELINES TREATMENT:</b></td> <td><b>Not Recommended</b></td> </tr> <tr> <td><b>GUIDELINES TREATMENT:</b></td> <td><b>Consider - Moderate Benefit</b></td> </tr> <tr> <td><b>GUIDELINES TREATMENT:</b></td> <td><b>Recommended - Largest Benefit</b></td> </tr> </table>	<b>GUIDELINES TREATMENT:</b>	<b>Not Recommended</b>	<b>GUIDELINES TREATMENT:</b>	<b>Consider - Moderate Benefit</b>	<b>GUIDELINES TREATMENT:</b>	<b>Recommended - Largest Benefit</b>
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<p><i>Implications for osteoporosis treatment initiation</i></p>	<p>Antiresorptive therapy is preferred for most people initiating treatment:</p> <ul style="list-style-type: none"> <li>• Recommend bisphosphonate, first-line (with initial duration 3-6 years)</li> <li>• Suggest denosumab, second-line (with long-term uninterrupted therapy)</li> </ul> <p>Anabolic therapy (teriparatide or romosozumab) prior to antiresorptive therapy:</p> <ul style="list-style-type: none"> <li>• Preferred for people with recent severe vertebral fracture or multiple vertebral fractures (any grade) with osteoporotic BMD T score</li> <li>• Needs input from a consultant / osteoporosis specialist</li> </ul>						
<p><i>BMD testing intervals</i></p>	<p>For individuals who do not meet the threshold for initiating therapy or choose not to initiate therapy, the guidelines suggest that BMD can be repeated in:</p> <ul style="list-style-type: none"> <li>• 5-10 years if the risk of MOF is &lt;10%</li> <li>• 5 years if the risk of MOF is 10-15%</li> <li>• 3 years if the risk of MOF is &gt;15%</li> <li>• A shorter interval is appropriate for individuals on medications that can lead to more rapid BMD loss (systemic glucocorticoids, aromatase inhibitors, androgen deprivation therapy) or new clinical risk factors (especially fracture).</li> </ul> <p>For individuals initiating therapy, the guidelines suggest repeat BMD measurement 3 yr after initiating pharmacotherapy</p>						

REFERENCES:

1. Morin SN, Feldman S, Funnell L, Giangregorio L, Kim S, McDonald-Blumer H, et al. Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update. CMAJ. 2023;195(39):E1333–E48.
2. Leslie WD, Morin SN, Lix LM, Binkley N. Targeted bone density testing for optimizing fracture prevention in Canada. Osteoporos Int. 2020;31(7):1291–7.