nature reviews rheumatology

https://doi.org/10.1038/s41584-024-01094-9

Evidence-based guidelines

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Evidence-Based Guideline for the management of osteoporosis in men

In the format provided by the authors and unedited

Supplementary Information for "Evidence-Based Guidelines for the management of osteoporosis in men"

Supplementary Table 1: GRADE assessment of ESCEO recommendations for the management of osteoporosis in men.

Recommendation	Strong do	Weak do	Not recorded	Weak don't	Strong don't	Not qualified
All men with a prior fragility fracture should be considered for treatment with anti-osteoporosis medications.	**27**	1	0	0	0	0
The anti-osteoporosis treatment regimen in men should be adapted to an individual's baseline fracture risk.	**27**	1	0	0	0	0
A sequential therapy starting with a bone-forming agent followed by an anti-resorptive agent should be considered for men at very high risk of fracture.	**27**	0	0	0	0	1
Bone-forming agents, when given as first-line treatment in men at very high risk of fracture, should be used in accordance with the recommendations of the regulatory authorities.	**26**	2	0	0	0	0
Physical exercise and a balanced diet should be recommended to all men with osteoporosis.	**26**	2	0	0	0	0
FRAX is the appropriate tool for the assessment of fracture risk and as the basis for setting intervention thresholds in men with osteoporosis.	**24**	4	0	0	0	0
Oral bisphosphonates (alendronate or risedronate) are first-line treatments for men at high risk of fracture.	**24**	3	0	0	1	0
Vitamin D and calcium repletion should be ensured in all men above the age of 65 years.	**23**	2	0	0	3	0
A female reference database should be used for the densitometric diagnosis of osteoporosis in men.	**22**	4	0	1	1	0
FRAX-based intervention thresholds should be age-dependent in men with osteoporosis.	**21**	5	1	0	1	0
Denosumab or zoledronate are second-line treatments for men at high risk of fracture.	**21**	4	2	1	0	0
Based on available BMD data, abaloparatide is considered an appropriate first-line treatment for men with osteoporosis at very high risk of osteoporotic fracture.	20	4	2	1	0	1
TBS, used with BMD and FRAX probability, provides useful information for fracture risk assessment in men.	19	7	0	0	1	1
Serum total testosterone should be assessed, as part of the pre-treatment assessment of men with osteoporosis.	17	6	2	0	2	1
Biochemical markers of bone turnover are the appropriate tool to assess adherence to anti-resorptive therapy in men.	16	8	0	2	2	0
Appropriate hormone replacement therapy should be considered in men with low levels of total or free serum testosterone.	13	8	3	1	2	1

Number of voters: 28. Bold highlighting of the total vote number indicates that a 75% threshold for strong recommendations has been reached. All other recommendations are accepted. ESCEO, European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases; GRADE, Grading of Recommendations Assessment, Development and Evaluation; TBS, trabecular bone score.