

Recommendations for People with Osteoporosis and General Practitioners During COVID-19 Pandemic

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ABSTRACT

The paper presents the guidelines made by the Multidisciplinary Team for Osteoporosis for patients in the General Hospital “Dr. Josip Benčević”, Slavonski Brod and general practitioners in the Brod-Posavina County in order to inform them properly about the COVID-19 pandemic and the recommendations of the National Civil Protection Committee, as well as to help them reduce their fear and to improve their cooperation with their general practitioners. A system of recording new fractures in the county was maintained since the onset of the epidemic. The recommendations for patients with osteoporosis include their lifestyle, medical treatment and balanced nutrition, following the advices of the International Osteoporosis Foundation, the Croatian Osteoporosis Society and the British Royal Osteoporosis Society. Living with osteoporosis demands balanced nutrition, regular exercise and taking prescribed medications. As in the present conditions of COVID-19 epidemic outdoor physical activities are temporarily limited it is necessary to ensure the availability of calcium-rich food and vitamin D supplies. As medical treatment of osteoporosis does not increase risk of COVID-19 infection it is recommended for patients to continue their prescribed therapy in consultation with their general practitioner.

Key words: osteoporosis, COVID-19 pandemic, precautions, recommendations, Croatia

Introduction

The pandemic of the corona virus disease 2019 (COVID-19) that started in Wuhan (China) in December 2019 was caused by the severe acute respiratory syndrome coronavirus (SARS-CoV-2), and it has significantly endangered the health of both healthy people and those with chronic diseases¹⁻³ which, like the elderly, are at risk of developing a more severe form of the disease⁴.

The most common symptoms of COVID-19 are fever, dry cough, shortness of breath and tiredness. Some patients may also have muscle aches, runny nose, sore throat, nasal congestion, abdominal pain, vomiting or diarrhoea. Most infected people develop mild illness and it should be noted that some infected people have an asymptomatic course^{1,2,5,6}. This represents the most common possible route of further infection and the spread of the epidemic⁶.

The problems of people with osteoporosis have been neglected since the onset of the COVID-19 epidemic; patients find it harder to reach both family doctors and specialists. A large number of outpatient specialist and diagnostic procedures have been postponed. There is also a shortage of medical staff. The employment of staff in radiological examinations and the treatment of patients affected by the infectious disease has reduced the number of both first and control examinations, hindering the diagnosis and control of patients with all chronic diseases, including osteoporosis.

In the General Hospital “Dr. Josip Benčević” in Slavonski Brod in Croatia, the work at the endocrinology and physical medicine departments was reduced to 30%, which allowed only 1/3 of the patients to be treated. Individual cases of asymptomatic vertebral fractures have been treated automatically by a previously defined collaboration in the Multidisciplinary Team for Osteoporosis of the Gen-

TABLE 1
GUIDANCE ON SEEKING MEDICAL HELP FOR OSTEOPOROTIC PATIENTS

- If you are over 50, low weight, smoking, taking corticosteroids, asthma medications, epilepsy or have had a previous fracture you are at risk for osteoporosis.
- If you have sudden back pain caused by lifting a load or spontaneously or if you become immobile – you cannot stand or walk, contact your family doctor who will refer you to closest hospital emergency department for radiological examination.
- In case of emergency care it is advisable to stay in hospital treatment at Traumatology and Orthopaedics Department. Continuation of medical care will be coordinated with all osteoporosis team members.
- In other cases with X-ray findings, call the coordinator's nurse for an appointment for densitometric measurement of bone density and examination by an endocrinologist.
- For contactless examination submit A5 referral attached laboratory findings KKS, ast, alt, GGT, af, GUP, urea, creatinine, vitamin D3, osteocalcin and beta-crosslaps.
- After consulting an endocrinologist or physiatrist, you will receive instructions from the team coordinator to continue treatment.

eral Hospital (MDTOP) which was established in the hospital two years ago. The team consists of a radiologist, a traumatologist-orthopedist, an endocrinologist, a physical medicine specialist and two nurses from the endocrinology and traumatology daily hospital who coordinate with the patients. Despite the established telephone line at the daily hospital, it was not possible to adequately control all patients so that a new set of instructions and recommendations for osteoporotic patients in line with the current COVID-19 epidemic had to be developed by the team.

Osteoporosis

Osteoporosis (OP) is a condition of decreased bone density and strength which results in bones becoming brittle and prone to fracture⁷. The causes of osteoporotic fractures are numerous. Low bone mass in childhood due to reduced physical activity and inadequate nutrition results in low peak bone mass, which at an early age becomes mechanically inadequate and prone to fracture⁸. Exposure to a number of risk factors such as: smoking, consumption of caffeine, alcohol, antiepileptics and corticosteroids, anorexia and early menopause are the most common reasons^{7,8}. Decreased levels of estrogen, androgens, growth hormone and other cellular regulators alter activity in the bone metabolic unit and ensure poor bone production^{8,9}. Awareness of osteoporosis as a disease is underestimated and complications are severe⁸.

Prolonged life expectancy with reduced activity increases the number of people with osteoporosis. Today about 250 million people suffer from osteoporosis, mostly women but also men⁷. According to the predictions of Melton et al. an increase in all types of fractures is expected, especially the hip, whose annual incidence is about 1.7 million⁸. According to Cooper et al. the expected global number of hip fractures in 2050 will be around 5935 millions⁹. This will bring significant economic costs of treatment of both the disease and complications. Hospitalizations of osteoporotic complications are greater than the sum of hospitalizations for diabetes, acute heart attack, and malignancies¹⁰. Mortality from osteoporotic fractures ranks 4th among all causes of mortality and it is growing

enormously despite all attempts to reduce economic costs, treatment efficiency, and improve quality of life with osteoporosis¹¹.

Symptoms and signs of osteoporosis

There are no clinical signs of osteoporosis until fractures happen; this is why many authors describe osteoporosis as a silent disease. Therefore, any new fracture in individuals older than 50 years with or without recent trauma should raise clinical suspicion of osteoporosis^{10,11}. The clinical suspicion is higher in the case of a fracture of the spine, hip, wrist or shoulder. Although the disease is more common in women, its incidence in men should not be underestimated¹¹.

Some patients might feel chronic pain which causes disability, sometimes the first complaint might be the loss of height caused by vertebral compression due to fracture, especially when they are multiple. Fractures that occur spontaneously or following minor trauma are called fragility fractures and are very common in osteoporotic individuals¹².

Osteoporosis and COVID-19: Recommendations

The Multidisciplinary Team for Osteoporosis (MDTOP) of the General Hospital “Dr. Josip Benčević” in Slavonski Brod, Croatia has prepared recommendations for osteoporosis treatment during the COVID-19 pandemic for people with osteoporosis and for general practitioners in the Brod-Posavina County. Measures of physical activity, diet and prescribing therapy for osteoporosis are proposed in accordance with the recommendations of the International Osteoporosis Foundation, the British Royal Osteoporosis Society and the Croatian Osteoporosis Society^{12,13}.

It is important to emphasize that patients with osteoporosis do not have an increased risk of COVID-19 infection¹². Osteoporosis is mostly present in middle and old age, so patients belong to the category of persons with a higher risk to develop complications and they need a strict

TABLE 2
FOODS HIGH IN CALCIUM*

FOOD	Serving size	Calcium (mg)
Milk	200 ml	272
Yogurt	150 ml	210
Hard cheese	30 mg	245
Cow cheese	110 mg	142
Ice cream	110 mg	112
Cooked broccoli	110 mg	45
Spinach	110 mg	179
Sardines	100 mg	420
Salmon	100 mg	76
Bread	30 gr	53

*Modified according to Food Standard Agency (2002)¹⁵**TABLE 3**
RECOMMENDED DAILY AMOUNTS OF CALCIUM BY SEX AND AGE

Women	Calcium (mg/day)
19–50 years	1000
Post-menopausal age (>51)	1200
Men	
19–70 years	1000
>70 years	1200

TABLE 4
VITAMIN D RECOMMENDED BY AGE

Age	Vitamin D recommended intake (Institute of Medicine, NAM)	Vitamin D recommended intake (IOF)
0–1	*	Not specified
1–59	600 IU/day	Not specified
60–70	600 IU/day	800–1000 IU/ day
71+	800 IU/day	800–1000 IU/ day
Targeted value 25(OH)D	50 nmol/l for healthy persons of all ages	75 nmol/l for preventing falls and fractures

* minimal intake 400 IU/ day

isolation in case of disease in the immediate vicinity. In addition to the recommendations of the National Civil Protection Committee on the implementation of hygienic measures, protection, isolation and staying at home are the main measures to be applied. Protection includes avoiding close contact with high-risk individuals for at least 10 weeks. Social distance is important if there are persons with symptoms in the immediate vicinity, and staying at

home is the best measure to prevent COVID-19^{12,14}. Caution should be taken with shopping and all other daily activities.

As hospitals and clinics tend to be overloaded and hard to reach, The Multidisciplinary Team for Osteoporosis (MDTOP) has provided guidance for osteoporotic patients specifying when and how they should seek medical help during the COVID-19 epidemic, as outlined in Table 1. They also included the following recommendations related to behaviour of osteoporotic patients during the COVID-19 epidemic:

- reduce social contacts, grouping, maintain a distance of 2 m
- avoid contact with anyone who has respiratory problems
- wash your hands regularly and thoroughly, use a disinfectant
- walk as far as possible in the fresh air
- exercise as recommended by a physician
- maintain a normal diet, with increased intake of foods rich in calcium and vitamin D.
- take the prescribed medication as directed
- consult your family doctor or specialist to discontinue therapy

With regard to nutrition, particularly the regular intake of calcium and vitamin D, MDTOP listed in their brochure foods high in calcium (Table 2) and its recommended daily amounts (Table 3) as well as the daily amounts of vitamin D (Table 4).

Therapy for Patients with Osteoporosis

Recommendations for the treatment of osteoporosis have been partially modified with respect to the emerging conditions of the pandemic. It is recommended to continue all previous therapies for the prevention and treatment of osteoporosis: Intake of calcium with food with additional substitution as before the epidemic (Tables 2 and 3). The same goes for vitamin D (Table 4)^{17–20}. Analgetics should be taken as before pandemic. Despite notes on the adverse effects of ibuprofen in COVID-19 infection, there is currently no clear medical evidence^{17,18}. It is recommended to replace it with paracetamol if there are no contraindications. Other non-steroid anti-inflammatory drugs can be taken if prescribed by a doctor.

Taking antiresorptive drugs can be continued without complications^{12,17,18}. It is necessary to take care of the previously introduced method of taking the drug while maintaining an upright position, consuming plenty of fluids. In case of sudden side effects, family doctor should be consulted. Although it is known that COVID-19 infection can lead to an increased thrombotic risk, SERM-s therapy can also be continued without additional control if individuals do not have deep vein thrombosis, vasomotor symptoms and cramps that started before the epidemic^{12,17,18}. In case of complicated COVID-19 infection, it should be abruptly discontinued with controlling coagulation parameters and

monitoring general condition. In milder cases of Covid-19 infection, the therapy should not be discontinued¹⁸.

Therapy with teriparatide which is anabolic and enhances bone strength and reduces fractures has no contraindications for taking during the COVID-19 epidemic^{12,17,18}. It is important to ensure optimal calcium and vitamin D intake as before^{19,20}. In case of inability to take the drug due to the current situation, therapy can be omitted for a short time because it will not affect the overall bone status. Patients nearing the end of teriparatide therapy should make an appointment with their family doctor to continue therapy.

Denosumab therapy - an antibody that slows bone degradation and prevents fractures - must be continued during the COVID 19 epidemic. Despite being a monoclonal antibody, denosumab does not suppress the immune system and does not make it suitable for COVID-19 infection. No additional medication should be used to prevent infection when using denosumab. The necessity of taking it is pointed out in the COVID-19 guidelines from both NSHE and NICE^{12,17,18}.

The same guidelines recommend continuous denosumab therapy. Due to the possible situation of inability to procure the drug or the inability to administer denosumab, the therapy should not be delayed for more than 4 weeks to maintain the effectiveness of the drug and may be given 4 weeks earlier depending on individual circumstances. Therapy is given by the patient or family doctor (as in the previous administration of the drug). A telephone consultation is possible if needed. Depending on the circumstances, zoledronate treatment may be discontinued or postponed for a period of 6 months^{14,16}. The effect of denosumab treatment ceases after 6 months after discontinuation and another drug is usually prescribed to continue treatment^{19–23}. With zoledronate, the effect can be observed for up to 12 months^{12,18,19}. It is definitely necessary to continue exercise and an optimal diet rich in calcium and vitamin D^{20,21}. It is possible to maintain the current calcium and vitamin D therapy on the recommendation of the doctor without checking the level of calcium in the blood. When applying zoledronate possible transient pain in the muscles of the body might occur accompanied by a mild temperature for which it is necessary to take paracetamol in a dose of 1000–2000 mg per day¹⁹. If symptoms persist for more than 3 days, a family physician should be consulted. All consultations should be conducted by telephone. At the end of the epidemic, a complete re-evaluation of the condition is required to decide further treatment.

Taking medications such as Alendor, Risbon and Ibandronate requires adherence to the instructions to deal with possible side effects of the digestive system and possibly pain in the bones, muscles and joints in venous forms. If the problems persist, a family doctor should be consulted over the phone. In mild disorders, therapy should not be discontinued.

People on hormone replacement therapy must have regular mammograms and ultrasounds and consult a family doctor as needed.

Before the introduction of Raloxifene for the treatment of osteoporosis, it is necessary to make a complete coagulogram, cardiac and gynaecological treatment. Therapy should be discontinued in case of leg cramps, vasomotor problems or varicose veins in the legs.

Taking the above medications does not increase the risk of COVID-19 infection. Forteo teriparatide therapy has also not been associated with an increased risk of COVID-19 infection and should be continued as directed. Sufficient amounts of drug and needles for application should be provided.

Recommendations on Physical Activity

Exercise is very important for persons with osteoporosis as it maintains bone status, ensures muscle strengthening and reduces the possibility of falls and fractures. Every patient with a fracture must undergo the physical therapy for which he was educated during his stay in the hospital in order to increase muscle strength and coordination, as well as the possibility of self-care. Others are recommended to exercise daily at home to strengthen muscle strength and mobility: bending, sideways squats, squats and bone load exercises (jumping, dancing, weights, rope).

It is important to remember that physical activity is important at any age, especially the elderly. Strong muscles preserve and carry bones and prevent fractures. Increasing muscle strength increases mobility, general activity, and reduces the risk of fracture. The level of activity gradually increases and adjusts individually. Studies confirm the complementary effect of exercise on muscle strength and general status^{16,17}. It is important to know how long to exercise to maintain muscle strength and power. Health status and mobility determine the level and intensity of exercise for both bone load and muscle status. When diagnosing osteoporosis, all patients receive recommendations for the intensity, type and length of exercise.

In most people with osteoporosis, even in middle age, 50% of normal daily activity is recommended, which in the current circumstances, includes light bouncing, jumping, brisk walking, or light running on a treadmill. The presence of a vertebral fracture also prevents moderate daily activity. Therefore a 20% of normal daily activity of lower intensity is recommended (minimally faster walking, minimal jumping). In case of weakness or inability to perform some efforts, the goal is to avoid prolonged sitting. It requires more frequent getting up and short-term standing with deep breathing for a few minutes every half an hour to 1 hour^{16,17}.

Exercises that maintain powerful and strong bones include a combination of exercises with weights, jumps and muscle strengthening workout. A diversity of activity is good for the bones and it is achieved with different movements, directions and speeds – in activities like dancing. Exercises to stimulate bone activity also include exercise with weight load, standing, fast walking, jumping, performing certain exercises from the fitness program at home.

To maintain muscle strength for middle-aged and early elderly people, a physical activity lasting 20 to 30 minutes with maximum load on the arms, legs and spine is recommended. Also it is recommended to gradually increase the intensity of exercises and loads in series of 12 procedures with 3 repetitions¹⁶. Each physical activity must be individualized depending on health status: age, comorbidities, and mobility. Based on his/her previous experience, a person assesses themselves.

Conclusion

People with osteoporosis are not more exposed to COVID-19 infection due to their disease. Staying at home and applying social isolation measures are currently the most important decisions. Taking calcium-rich food to maintain bone density is essential during an epidemic. Calcium and vitamin D supplementation should also be taken if previously recommended.

Daily exercise according to age, comorbidities and general status is necessary by keeping the intensity and form of exercise at home in the pre-epidemic range. It is necessary to continue all the prescribed therapy for the treat-

ment of osteoporosis because it does not increase the risk of developing COVID-19 complications according to all guidelines. In the midst of the COVID-19 epidemic, it is certainly important to minimise all external daily activities. A newly formed fracture of the spine or any other bone requires physical activity in optimal shape taking into account the safety of performance the quality of life. Then it is necessary to consult a specialist and change the current therapy.

The danger of the present moment has hindered the mutual “face to face” communication. Accordingly, the MDTOP team the “Josip Bencevic” Hospital in Slavonski Brod, prepared the modified recommendations of MDTOP during COVID-19 pandemic. Teams of nurses and physicians are always available by phone to answer all patients questions and provide them with assistance every time they need it, especially about most common questions such as: How much and how to exercise at home, what medications to take and how, how to deal with complications of the disease: pain, immobility, etc. Hopefully, following the above critical guidance will help protect all older adults and those affected by osteoporosis vulnerable to the impact of COVID-19.

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PREPORUKE ZA OBOLJELE OD OSTEOPOROZE I LIJEČNIKE OBITELJSKE MEDICINE U DOBA COVID-19 PANDEMIJE

SAŽETAK

Multidisciplinarni tim za osteoporozu (MDTOP) OB „Dr. Josip Benčević” Slavonski Brod pripremio je preporuke za postupanje u pandemiji COVID-19 za osobe sa osteoporozom i za liječnike obiteljske medicine u cilju smanjenja straha naših pacijenata i lakšu suradnju s liječnicima obiteljske medicine u novonastaloj situaciji. Pokušali smo zadržati i sistem evidentiranja novih prijeloma u tom periodu. Življenje s osteoporozom zahtijeva održavanje određenog načina prehrane, tjelovježbe i uzimanja propisane terapije. U sadašnjim uvjetima epidemije COVID-19 ograničava se privremeno tjelesna aktivnost u vanjskim uvjetima. Potrebno je uz mjere samoizolacije i socijalne distance osigurati opskrbu hranom bogatom kalcijem i vitaminom D. Lijekovi za liječenje osteoporozе ne povećavaju rizik oboljevanja od COVID-19 infekcije pa se preporuča nastaviti propisanu terapiju uz konzultaciju sa svojim liječnikom. U preporukama je naglašen razmjer pandemije i moguće posljedice za oboljele od osteoporozе. Opisana je klinička slika i ponovljene preporuke Nacionalnog stožera civilne zaštite kako živjeti u doba pandemije. Predložene su mjere tjelesne aktivnosti, prehrane i propisivanja terapije za osteoporozu u skladu s preporukama Međunarodne fundacije za osteoporozu, Britanskog kraljevskog društva za osteoporozu i Hrvatskim smjernicama za osteoporozu. Liječnicima obiteljske medicine su poslane upute o monitoriranju terapije tijekom pandemije.