

Study questionnaire

Older people with vertebral fragility fracture

A. DIAGNOSTIC TESTS

Please, indicate your degree of agreement with each of the following statements regarding the diagnostic tests recommended to be performed in older people with vertebral fragility fracture

	1	2	3	4	5	6	7	8	9
1. Anamnesis and clinical assessment									
2. Laboratory tests including levels of calcium (Ca), vitamin D, erythrocyte sedimentation rate, alkaline phosphatase (ALP), thyroid-stimulating hormone (TSH), and protein electrophoresis									
3. Dorsal and lumbar spine radiographs									
4. Measurement of renal function									

Remember: 1: Strongly disagree and 9: Strongly agree

	1	2	3	4	5	6	7	8	9
5. Laboratory tests: immunofixation, parathyroid hormone (PTH)									
6. Bone turnover markers (C-terminal telopeptide of type I collagen [CTX], procollagen type 1 N propeptide [PINP])									
7. Magnetic resonance imaging (MRI)/bone scintigraphy									

Remember: 1: Strongly disagree and 9: Strongly agree

Additional question

Please, indicate your degree of agreement for the use of FRAX® tool to assess the risk of fracture in older people with vertebral fragility fracture

	1	2	3	4	5	6	7	8	9
FRAX® (major osteoporotic fracture [MOF]: threshold $\geq 10\%$ without bone mineral density [BMD] or $\geq 7.5\%$ with BMD or $> 3\%$ for the hip)									

Remember: 1: Strongly disagree and 9: Strongly agree

Please, indicate if you have any comment regarding the aforementioned questions:

B. NON-PHARMACOLOGICAL TREATMENT OF OLDER PEOPLE

Please, indicate your degree of agreement with each of the following statements regarding the treatment recommended for older people with vertebral fragility fracture

	1	2	3	4	5	6	7	8	9
8. Administration of calcium/vitamin D (dietary or supplementation)									
9. Breaking toxic habits (tobacco and alcohol)									
10. Personalized physical exercise									

Remember: 1: Strongly disagree and 9: Strongly agree

	1	2	3	4	5	6	7	8	9
11. Orthosis treatment if needed after individual assessment and especially in case of acute vertebral fracture									
12. Reduction of caffeine consumption									

Remember: 1: Strongly disagree and 9: Strongly agree

Please, indicate if you have any comment regarding the aforementioned questions:

C. PHARMACOLOGICAL TREATMENT OF OLDER PEOPLE

Please, indicate your degree of agreement with each of the following statements regarding the pharmacological treatment recommended for older people at high risk (≥ 2 vertebral fractures) of vertebral fragility fracture:

Risk is currently categorized as ‘high risk’ and ‘very high risk’. Imminent risk may be included in the high risk category (but not in the very high risk) according to the recent guideline of the Spanish Society for Bone Research and Mineral Metabolism (SEIOMM) 2022 [48]

	1	2	3	4	5	6	7	8	9
13. Administration of teriparatide for 24 months and then switch to denosumab or to an oral (risedronate and alendronate) or intravenous (zoledronate) bisphosphonate									
14. Administration of combined therapy (teriparatide + denosumab) only in individualized cases of severe osteoporosis (the current evidence does not support the use of combined therapy in the general management of osteoporosis, but only in individualized cases of severe osteoporosis)									

Remember: 1: Strongly disagree and 9: Strongly agree

	1	2	3	4	5	6	7	8	9
15. In patients with good renal function and oral tolerance, bisphosphonates would be the recommended treatment									
16. In patients with good renal function and poor oral tolerance, denosumab or zoledronate would be the recommended treatment									
17. In patients with poor renal function and oral tolerance, denosumab would be the recommended treatment									

Remember: 1: Strongly disagree and 9: Strongly agree

Please, indicate if you have any comment regarding the aforementioned questions:

[illegible]

Remember: 1: Strongly disagree and 9: Strongly agree

Please, indicate your degree of agreement with each of the following statements regarding optional tests to be performed in older people with vertebral fragility fracture if the clinical course is unfavorable:

	1	2	3	4	5	6	7	8	9
33. Bone density scan (DEXA) every 2-4 years									
34. Bone turnover markers (C-terminal telopeptide of type I collagen [CTX], procollagen type 1 N propeptide [PINP])									
35. Magnetic resonance imaging (MRI)/bone scintigraphy									

Remember: 1: Strongly disagree and 9: Strongly agree

Please, indicate if you have any comment regarding the aforementioned questions: