Consider measurement of BMD in the presence of 2 of the following risk factors:
- Postmenopausal women
- Men aged 50 years
- Previous low trauma fracture
- High risk of falls
- Clinical hypogonadism
- Oral glucocorticoid (≥5mg/day or equivalent for >3 months)

IF BMD MEASUREMENT IS INDICATED, PERFORM WITH FRAX SCORE TO ASSESS FRACTURE RISK.
IN OTHER INDIVIDUALS ≥40 YEARS, USE FRAX AND PROGRESS TO BMD MEASUREMENT IF INDICATED.
IF BMD IS LOW, SCREEN FOR SECONDARY CAUSES OF OSTEOPOROSIS.

Perform vertebral fracture assessment in the presence of any of the following:
- Height loss
- Kyphosis
- Low vertebral BMD

Measure serum 25-hydroxyvitamin D in people with low BMD, fracture or increased FRAX-derived fracture risk:
- If vitamin D deficient, replacement is recommended
- Consider loading dose (e.g., 10000 IU vitamin D daily for 8–10 weeks, maintenance 800–2000 IU daily)
- Consider rechecking 25-hydroxyvitamin D levels after 3 months
- Aim for serum level >20 ng/mL (50 nmol/L) and normal serum PTH level
- Combine with calcium supplementation if required
- The therapeutic goal is to maintain skeletal health (vitamin D supplementation has not been shown to prevent other comorbidities in people living with HIV)

BMD, bone mineral density; PTH, parathyroid hormone.