Consider measurement of BMD in the presence of ≥1 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.