**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

# NICE guidelines

## Equality impact assessment

# Osteoporosis

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

**1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

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| 1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N<br><br>If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.) |
| The proposed focus of the guideline is not a population with specific communication or engagement need.<br><br>No requirement for specific adjustment to processes has been identified. |

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| 1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they? |
| • **Age** –<br>  ○ Osteoporosis is more prevalent in older people and is still dismissed as 'an inevitable part of the aging process' resulting in under-diagnosis and under-treatment in the elderly. Conversely, diagnosis is commonly delayed or not considered in young people presenting with osteoporosis because |

of the well-recognised link to aging.

  - Very old age is also associated with low level of physical activity which increases the risk of fracture.

- **Disability** –
  - There could be difficulty adhering to the complex instructions for taking bisphosphonates for some groups (dementia, learning disabilities, those unable to remain upright for the specified time period and patients in whom oral bisphosphonates might be contraindicated such as those with oesophageal stricture). There is also evidence showing higher risk of osteoporosis in several of these groups e.g. learning disability.
  - People with disabilities are associated with low levels of physical activity which is associated with increased risk of fracture.
  - A recently published study found that fracture rates are considerably higher in people with intellectual disability than those without. Current osteoporosis guidelines do not identify people with intellectual disability as at risk of fracture, thereby missing a potential opportunity for fracture prevention.
- **Gender reassignment** - Hormone blockers used in gender reassignment are associated with bone loss. This can be counteracted by use of hormone replacement. Transgender men's risk of osteoporosis may be overlooked if they transitioned at a late age.
- **Pregnancy and maternity** – Pregnancy and lactation associated osteoporosis tend to be diagnosed very late and therefore may be overlooked.
- **Race** - Women of Asian or European family origin are at a higher risk for osteoporosis than those of other ethnicities. Although osteoporosis is less common in other races, it occurs across the board and could be overlooked in other ethnicities. It is particularly important to assess risk in the presence of fragility fracture and other risk factors such as steroid use.
- **Religion or belief** - none
- **Sex**
  - Women are at higher risk than men of developing osteoporosis, and particularly women who are older and post-menopausal. By contrast, osteoporosis is under diagnosed in men and men with low bone density t-scores have a high risk of fracture but are often overlooked.
  - Some medications are only licenced for treatment in post-menopausal women (e.g. romosozumab, ibandronic acid, raloxifene). Therefore, younger women and men with osteoporosis may be disadvantaged as there are less treatments available. Some medications are only licenced

for treatment in post-menopausal women and in men (e.g. denosumab, risedronate, teriparatide, zoledronic acid, strontium ranelate) therefore women of child bearing age may be disadvantaged. I

- **Sexual orientation** - none
- **Socio-economic factors** - there is increasing evidence linking poor bone health with low socioeconomic status. Low socioeconomic groups may have a higher prevalence of other predisposing factors including disability.
- **Other definable characteristics**:
    - refugees, asylum seekers and people who are homeless are at risk of not being able to follow up their treatment because they may not have a fixed address.
    - prisoners and young offenders – at risk of not being able to follow up their treatment.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

When making protocols the committee will be asked whether any of these factors need to be analysed as subgroups.

Groups in which medications are not licenced could have recommendations made with a note they are off label.

It is noted that the groups identified above are important to consider when making recommendations for the guideline. All will be included within the population covered by the reviews. Where appropriate they will be considered as subgroups when the protocols for specific review questions are set.

This guideline will cross refer to guidelines on Patient experience (CG139), Shared decision making (NG197) and Decision-making and mental capacity (NG108) that address communication issues.

Problems with access to healthcare for people from lower socio-economic groups, refugees, asylum seekers and people who are homeless relate to a wider issue than can be dealt with in this guideline.

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Approved by NICE quality assurance lead: Simon Ellis

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