



27 January 2022

[REDACTED]

Dear [REDACTED]

Official Information Act Request

The Ministry of Health transferred your Official Information Act request to district health boards on 12 January 2022.

For each DHB (except for Capital Coast) can you please tell me if publically funded bone density (DEXA) scans are available for (1) all relevant Endocrinology patients (2) any patient seen in a relevant subspecialty (yes/no adequate detail for both questions). The scan could be provided in private but the question is about who pays - the DHB or the patient. If some patients would be funded (e.g. community service card holders) please provide this information.

Northland DHB funds DEXA scans where referrals meet the criteria set out below. Oversight of the referrals is managed by the Health of Older persons and Endocrinology specialists who report on the scans and offer advice to referrers.

Northland DHB supports the open disclosure of information to assist public understanding of how we deliver our services. This includes proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been provided to you. Personal or identifying information will be redacted from any response published online. If you consider there are good reasons why this response should not be publicly available we will consider your views.

If you have any queries about Northland DHB's response to your information request please contact me.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Nick Chamberlain', written over a faint, large watermark of a map of New Zealand.

Dr Nick Chamberlain
Chief Executive

Northland DHB DXA Scan Referrals

Seen within 2 to 8 weeks

No previous bone density scan, not on a bisphosphonate, and one of the following:

- Aged < 75 years with:
 - history, during adulthood, of a single low-trauma \vee fracture at a major skeletal site. Excludes face, skull, and digits.
 - radiological evidence of vertebral compression fracture.
- Current use of oral or parenteral glucocorticoids equivalent to prednisone \geq 5 mg daily for at least 3 months and no previous osteoporotic fracture.
- Premature menopause aged < 40 years or hypogonadism, if not already on hormone replacement therapy and being considered.
- Primary hyperparathyroidism – aged > 50 years and not on bisphosphonate therapy.
- Women aged > 60 years on aromatase inhibitor therapy/
- Women aged > 65 years or men aged >70 years with two or more of the following qualifying risk factors:
 - BMI < 20
 - Family history of osteoporotic fracture
 - Current smoker
 - \geq 3 alcoholic drinks a day
 - Recent falls or high risk of falls due to significantly reduced mobility
 - Inflammatory condition e.g. rheumatoid arthritis. State type of inflammatory condition in referral.

Potentially indicated but not funded

- FRAX hip fracture risk \geq 3%.
- Monitoring bone density for patients on HRT or anti-androgen therapy.
- Screening for women aged > 65 years and men aged > 75 years.

Follow-up scans

Follow-up scans to monitor for efficacy of anti-resorptive treatment are not required for the vast majority of patients. you have a patient for whom you feel repeat scanning is indicated, request DXA:

- Outline potential indication, include previous DXA result, and document current therapy.
- Recalculate the fracture risk prior to requesting repeat scan to help determine if repeat scanning \vee may be indicated.