

Response to: 'Understanding bone fragility: theoretical explanation to non-physician health professionals' by Sugiyama

We thank the author for his favourable and supportive comments¹ on our article.² We are pleased that our paper has highlighted the specific role that non-physician health professionals can play in the prevention and management of fragility fractures in people age 50 years or over and thank the author for adding theoretical explanations to support understanding of these roles.

We agree that the impact of some treatments to reduce skeletal fragility are lost after discontinuation and recognise the need for non-physician health professionals to encourage and support patients at high risk of fragility fracture in self-management and long-term behavioural change to optimise bone health, for example, adhering to antiosteoporosis medicines regimens.

Effective behavioural change interventions that support patients to engage with and continue moderate intensity physical activity (and also high intensity exercise as appropriate) for the long term, are important components of personalised treatment regimens and offer opportunities to prevent and manage fragility fractures in people 50 years or more.

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- 2 Adams J, Wilson N, Hurkmans E, *et al*. 2019 EULAR points to consider for non-physician health professionals to prevent and manage fragility fractures in adults 50 years or older. *Ann Rheum Dis* 2021;**80**:57–64.