



## Bone densitometry

The presence of one or more of the following indicates a high probability of low bone mass and increased fracture risk:

- Women age 65+
- Women <65 years AND
  - BMI <20
  - Osteoporosis-related fracture in first degree relative
  - Menopause age <40
  - One pack +/-day smoker
  - No HRT OR HRT >10 years
- Women premenopausal with amenorrhea  $\geq 1$  yr
- Men with hypogonadism >5yrs
- All: oral steroid therapy >3 months (7.5 + mg/prednisone daily)
- All: prolonged immobility
- All: fracture with minor trauma

## Fracture risk assessment

### Low Risk

- Premenopausal women, women age <65 who have received HRT (Equivalent BMD T-score  $\geq -1$ )
- Consider Calcium and Vitamin D supplements
- Consider risks and benefits of HRT

### Moderate risk

- BMD T-score -1 to -2.5
- Consider: preventive pharmacotherapy with biphosphonates/raloxifene
- HRT may be considered in selected patients

### High risk

- BMD T-score <-2.5
- Preferred: pharmacotherapy with biphosphonates
- Alternatives: Raloxifene or Calcitonin



## Standards of Care References

1. *Osteoporosis Prevention, Diagnosis and Therapy. NIH Consensus Development Panel on Osteoporosis. Journal of American Medical Association, February 14, 2001; 285 (6) 785-795.*
2. *Women's Health Initiative Investigators Writing Group. Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women; Principal results from the Women's Health Initiative Randomized Controlled Trial. Journal of American Medical Association, July 2002; Vol 288, No. 3; 321-333.*
3. *Barrett-Connor, E. Grady, D. Sashegyi, A. et al. Raloxifene and Cardiovascular Events in Osteoporotic Postmenopausal Women – Four-Year Results from the MORE (Multiple Outcomes of Raloxifene Evaluation) Randomized Trial. Journal of American Medical Association, 2002; 287: 847-857.*