

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for osteoporosis to prevent fractures. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from November 7, 2017 to December 4, 2017. The Task Force welcomes your comments.

Screening for Osteoporosis to Prevent Fractures

The Task Force has issued a **draft recommendation statement** on *Screening for Osteoporosis to Prevent Fractures*. The Task Force found that clinicians should screen all women age 65 and older for osteoporosis. It also found that clinicians should screen women younger than age 65 who have been through menopause and are at increased risk of osteoporosis. The Task

Force did not find enough evidence to recommend for or against screening men for osteoporosis to prevent fractures.

This recommendation applies to older adults who have not had a fragility fracture or a health condition that could lead to weakened bones.

What is osteoporosis?

Osteoporosis is a condition in which bones become thinner and weaker. As a result, they are fragile and break more easily than healthy bones. These breaks are called osteoporotic or fragility fractures.

Facts about Osteoporosis, Osteoporotic Fractures, and Screening for Osteoporosis

In 2010, more than 10 million older adults had osteoporosis, and this number is expected to increase. Osteoporosis can lead to fractures that most often occur in the spine, hip, or wrist. Osteoporotic fractures can lead to serious disability, chronic pain, loss of independence, decreased quality of life, and can increase a person's chance of dying.

Both women and men get osteoporosis, though it is more common among women. Women have more rapid bone loss because of the loss of estrogen (a female hormone) during menopause. Men tend to develop osteoporosis later in life than women. Fractures from osteoporosis usually cause more disability and increased chance of death in men than in women.

Risk factors for osteoporosis include:

- aging,
- having a parent who has had a hip fracture,
- smoking cigarettes,
- drinking large amounts of alcohol, or
- low body weight,
- and for women, having been through menopause.

Screening for osteoporosis is done through tests that measure the strength and health of bones, known as bone measurement tests.

Potential Benefits and Harms of Screening for Osteoporosis to Prevent Fractures

People usually do not know that they have osteoporosis until they have a fracture, because there are no signs or symptoms. But, screening for osteoporosis can help clinicians identify and treat osteoporosis early, before a fracture occurs.

The Task Force found that bone measurement tests are effective at identifying osteoporosis in women and in men. They also found that medications to treat osteoporosis work well in women and help to prevent fractures.

However, while screening can identify men who have osteoporosis, we don't know whether medications can help prevent fractures in men. More studies are needed that look at how well treatments for osteoporosis work in men to prevent fractures.

The Task Force found that the potential harms of screening and treating osteoporosis in women are small.

The Draft Recommendations on Screening for Osteoporosis to Prevent Fractures: What Do They Mean?

Here are the Task Force's draft recommendations on screening for osteoporosis to prevent fractures. They are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **Grade B**, it recommends screening because it has more potential benefits than harms. When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against screening and instead issues an **I Statement**.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1** The USPSTF recommends screening for **osteoporosis** with **bone measurement testing** to prevent **osteoporotic fractures** in women age 65 years and older.
(Grade B)
- 2** The USPSTF recommends screening for osteoporosis with bone measurement testing in **postmenopausal** women younger than age 65 years who are at increased risk for osteoporosis, as determined by a formal **clinical risk assessment tool**.
(Grade B)
- 3** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis to prevent osteoporotic fractures in men.
(I Statement)

Notes

- 1** **osteoporosis**
A condition in which bones become thinner and weaker. As a result, they are fragile and break more easily than healthy bones.
- bone measurement testing**
Tests that measure the strength and health of bones.
- osteoporotic fracture**
A bone break that occurs as a result of osteoporosis and the weakening of bones. Also called fragility fractures.
- 2** **postmenopausal**
Having been through menopause.
- clinical risk assessment tool**
A tool (such as a list of questions about risk factors) that helps a clinician determine how likely a person is to develop osteoporosis or have an osteoporotic fracture.

What is the U.S. Preventive Services Task Force?





The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More about Osteoporosis

-  **Osteoporosis**
(National Institutes of Health)
-  **Bone Mass Measurement: What do the Numbers Mean?**
(National Institutes of Health)
-  **Osteoporosis**
(National Institute on Aging)
-  **Osteoporosis**
(Centers for Disease Control and Prevention)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between November 7 and December 4, 2017.



All comments will be considered for use in writing final recommendations.