



SCREENING FOR OSTEOPOROSIS

CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

Population	Women age ≥ 65 years without previous known fractures or secondary causes of osteoporosis	Women age < 65 years whose 10-year fracture risk is equal to or greater than that of a 65-year-old white woman without additional risk factors	Men without previous known fractures or secondary causes of osteoporosis
Recommendation	Screen		No recommendation
	Grade: B		Grade: I (insufficient evidence)

Risk Assessment	As many as 1 in 2 postmenopausal women and 1 in 5 older men are at risk for an osteoporosis-related fracture. Osteoporosis is common in all racial groups but is most common in white persons. Rates of osteoporosis increase with age. Elderly people are particularly susceptible to fractures. According to the FRAX fracture risk assessment tool, available at http://www.shef.ac.uk/FRAX/ , the 10-year fracture risk in a 65-year-old white woman without additional risk factors is 9.3%.
Screening Tests	Current diagnostic and treatment criteria rely on dual-energy x-ray absorptiometry of the hip and lumbar spine.
Timing of Screening	Evidence is lacking about optimal intervals for repeated screening.
Interventions	In addition to adequate calcium and vitamin D intake and weight-bearing exercise, multiple U.S. Food and Drug Administration–approved therapies reduce fracture risk in women with low bone mineral density and no previous fractures, including bisphosphonates, parathyroid hormone, raloxifene, and estrogen. The choice of treatment should take into account the patient’s clinical situation and the tradeoff between benefits and harms. Clinicians should provide education about how to minimize drug side effects.
Suggestions for Practice Regarding the I Statement for Men	<p style="text-align: center;">Clinicians should consider :</p> <ul style="list-style-type: none"> • potential preventable burden: increasing because of the aging of the U.S. population • potential harms: likely to be small, mostly opportunity costs • current practice: routine screening of men not widespread • costs: additional scanners required to screen sizeable populations <p style="text-align: center;">Men most likely to benefit from screening have a 10-year risk for osteoporotic fracture equal to or greater than that of a 65-year-old white woman without risk factors. However, current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis in men.</p>

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org>.