



Medical Director: Hillary L. Browne, MD, FACP

Our Facility

We use a state of the art GE Lunar Prodigy densitometer with the capacity for vertebral fracture assessment (VFA).

If you, or your staff, are interested in trying this technology for yourself, please schedule with Patty von Gruening, our office manager.

She can also provide you with brochures, script pads or whatever other information you might need.

You can reach Patty at ext. 102.

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National Osteoporosis Foundation (NOF) guidelines updated

NOF has updated the guidelines for treating osteoporosis for the first time since 1999. The new Clinician Guide attempts to incorporate a fracture risk algorithm into bone density assessments. The algorithm, known as FRAX, was developed by the World Health Organization to estimate the 10-year likelihood of a person breaking a bone due to low bone mass. The tool assesses several risk factors in calculating fracture probability.

The new guide and algorithm also shifts the focus from bone density scores to fracture risk, since that is the clinical end point.

Clinicians and researchers have known for several years that FRAX was being developed by John A. Kanis, M.D., in the U.K. FRAX is designed as an online calculator into which clinicians provide answers to questions including a patient's age, height, weight, measure of bone density at the hip, history of fracture, smoking status, whether a patient had a hip fracture and how many alcoholic beverages a patient takes per day. The calculator then determines the risk of fracture over the next decade.

The calculator can be adjusted for use in several countries. The resulting score is used to determine whether treatment would be cost-effective.

In a separate analysis performed by the NOF, it was found to be cost-effective to treat a person in the U.S. when the 10-year fracture risk of a hip fracture reached about 3% as determined by FRAX. It was also considered cost-effective to treat when the risk for any fracture over the next ten years reached 20%.

My impression is that this tool helps to keep younger menopausal women from being overtreated. However, I feel that it may underestimate risk for older women.

The new guide also breaks new ground by

including men older than 50 years old and ethnic menopausal women. Recent research has found significant risk for low bone mass in people of all ethnic backgrounds. For example, when compared with other ethnic and racial groups, risk is increasing most rapidly among Hispanic women, according to the NOF.

At this time, the FRAX tool has not yet been adopted or approved in the U.S. Several issues are still being worked out. They include the fact that there needs to be a correction factor for which brand of densitometer is used to determine the T-score that is entered into the calculation. This is because different companies use different data bases. Importantly, threshold values for treating have not been agreed upon and the criteria for what constitutes significant steroid use has not been clarified. Finally, a last caveat is that FRAX is not intended to provide a ten year probability of suffering an osteoporotic fracture in **women on treatment**.

IF YOU WOULD LIKE A FREE COPY OF THE NEW CLINICIANS GUIDE, please email me at HBrowneRed@gmail.com, with the address where you would prefer to receive it. Also, to use the FRAX tool, go to www.shef.ac.uk/FRAX and pull down the calculation tool. Alternatively, you can google "FRAX".

In general, because it has not formally been adopted into standard care, we are not yet incorporating FRAX data into our bone density reports.

Of note, we have just installed a new Lunar densitometer, marking our tenth year of providing bone density testing. If you or your staff would like to try this technology, please call Patty, our office manager at 303-449-3594 ext. 102. She can also provide pads with orders for testing that can be given to patients. Thank you all for providing the opportunity to serve you and your patients.