Abstract

Bone mineral density (BMD) is the tool for diagnosing osteoporosis in older adults. However, BMD alone is not sufficient for deciding who should be given treatment at either the individual patient or the public health level. Robust, scientifically validated algorithms that combine BMD with other clinical risk factors provide more accurate assessment of fracture probability. New guidelines for managing osteoporosis are now based on the assessment of absolute fracture risk, not simply on bone mineral density values. Accordingly, treatment resources will be redirected away from young postmenopausal women with low BMD and low fracture risk toward older adults at moderate or high risk for fracture. It is expected that, with these algorithms, the cost and effectiveness of medical care for patients with osteoporosis will be improved.

Keywords

Bone density, fracture risk, osteoporosis treatment.