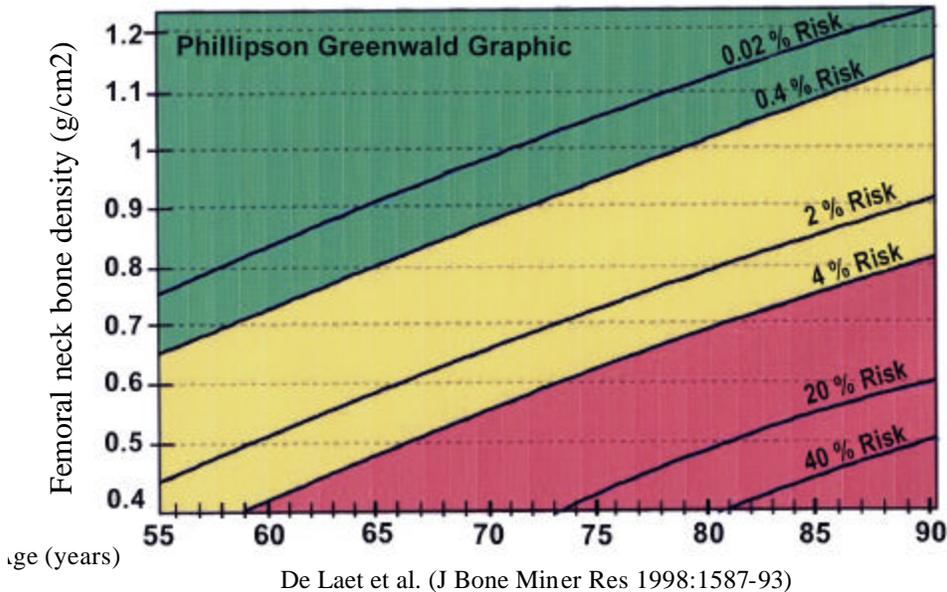# UTAH OSTEOPOROSIS CENTER – HIP FRACTURE RISK for MEN
Based on Lunar Prodigy™ Dual Energy X-ray Absorptiometer (DXA) Data
Men -- Four Year Prospective Hip Fracture Risk

De Laet et al. (J Bone Miner Res 1998:1587-93)

GREEN: Risk < 1 %
Universal health recommendations

YELLOW: Risk > 1 %
Treatment needed for significant risks**

RED: Risk > 4 %
<u>**Treatment needed**</u> **(always treat if prior osteoporotic fracture)**

Patient Name: _____   Date: _____

Results ("X" on colored chart)
<u>Femoral Neck</u>: The bone mineral density of _____ gm/cm^2 has a T-score of _____.
This represents a _____% current fracture risk for age _____.

Risk Zones

<u>GREEN</u>   Age is an independent major risk factor for fracture; therefore a low T-score
(e.g., < -2.0) may have low fracture risk in younger age groups:
∗ *Universal health recommendations*:
1200 mg of calcium and Vitamin D 400 IU daily
Regular exercise
No smoking and limit alcohol intake (1-2 drinks/d)

<u>YELLOW</u>   Some factors may make fracture more likely than predicted by bone density alone:
∗∗ Significant Risk Factors (*Strongly consider treatment to prevent osteoporosis*):
Family history of osteoporotic fracture (especially maternal hip fracture)
Current use of corticosteroid medication (prednisone or inhaled steroids)
Current smoking
Body weight under 120 pounds

<u>RED</u>   Treatment indicated: FDA approved treatments include, for example:
Estrogen, alendronate, risedronate, raloxifene, and calcitonin.

NOTE: Anyone with a prior osteoporotic fracture requires pharmacological treatment regardless of bone density measurement.

References:
Greewald, Barajas. 2000. New bone density report form: Improved diagnosis. Arthritis and Rheumatism, 43:S199.
Greenwald, Barajas. 2000. Better bone density reporting: T score report versus fracture report with outcome analysis. J. Bone and Mineral Research. 15:S401.

This form was modified with permission of Dr. Maria Greenwald.