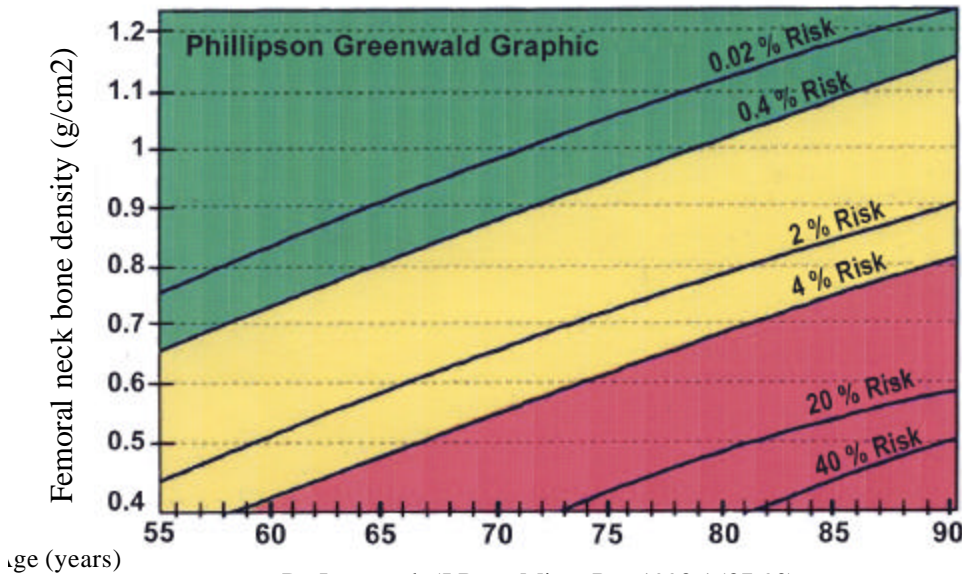


UTAH OSTEOPOROSIS CENTER -- HIP FRACTURE RISK for WOMEN

Based on Lunar Prodigy™ Dual Energy X-ray Absorptiometer (DXA) Data
Women -- Four Year Prospective Hip Fracture Risk



GREEN: Risk < 1 %
 Universal health recommendations

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

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

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

Patient Name: _____ Date: _____

Results ("X" on colored chart)

Femoral Neck: The bone mineral density of _____ gm/cm² has a T-score of _____.
 This represents a _____% current fracture risk for age _____.

Risk Zones

GREEN 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)

YELLOW 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

RED 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:

- Greenwald, 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.