OSTEOPENIA MISSED OPPORTUNITIES FOR PREVENTION OF FRACTURE

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The incidence of fracture in patients with reduced bone density is high. Fracture prevention in patients with reduced bone density is of great importance, recognizing the clinical risk factors that contribute to the formation of fracture. Risk scores can be used to predict fracture risk among people with a low bone density only if the risk scores that are being used combine clinical risk factors with BMD testing results, such as FRAX (the World Health Organization Fracture Risk Assessment Tool). Fracture risk assessment is necessary for patients with osteopenia in order to determine the therapeutic approach. Biochemical markers of bone remodelling are used for individual assessment of bone loss, assessment of changes in bone remodelling in a shorter period of time, monitoring of the therapeutic effect, therapeutic adherence and complications, assessment of fracture risk initially and during the application of medical therapy as they are independent predictors of fracture risk. Pharmacotherapy is recommended for people with osteopenia who have a 10-year risk for hip fractures 3% or major osteoporotic fractures 20% according to the FRAX questionnaire. Pharmacotherapy of osteopenia in people with increased fracture risk has the goal of preventing future fractures by stabilizing or increasing bone mineral density (BMD). In younger postmenopausal women with osteopenia and menopausal symptoms, estrogen/progestin plays a significant role in the treatment. An ideal treatment for men and women with osteopenia and increased risk for fractures would be anabolic therapy (teriparatide), followed by anti-resorptive therapy and denosumab.

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