



# What if the silent disease comes with the reality? Comment on: Prevalence of bone mineral density testing and osteoporosis management following low-and high-energy fractures

To the Editor,

We read with interest the article entitled "Prevalence of bone mineral density testing and osteoporosis management following low- and high-energy fractures" by Anghong et al. in Vol. 47, No 5 (2013) of your journal.<sup>[1]</sup> We congratulate them for their inspiring work. However, the study itself has some methodological drawbacks, and contains false interpretations of results that lead to misunderstanding:

1. Inclusion of both low- and high-energy fracture patients to test probability of DEXA examination renders the criteria inconsistent. In the literature, the incidence of osteoporosis is much less likely in high-energy fractures.<sup>[2-4]</sup> Thus, DEXA testing probability by the orthopedic surgeons is very low. In addition, the study's high-energy fracture group comprised only six patients, which also limits its power.

2. The authors covered all low-energy fractures in the study, including ankle, calcaneus, proximal humerus, and tibial plateau, all of which might have been complicated by other pathologies and secondary causes of osteoporosis.<sup>[4,5]</sup> While deciding which patients are to be tested, literature-based guidelines should be used. Had patients with only hip or vertebral low-energy fractures been selected, the results would be better understood.

3. Another issue that attracted our attention is that all post-menopausal women, and men aged 50 and older, should be evaluated clinically for risk of osteoporosis in order to determine the need for BMD testing. However, DEXA scanning is not a prerequisite for initiating osteoporosis treatment in patients who sustain low-energy fractures in either their vertebra or hip, since a clinical diagnosis can often be made in at-risk individuals. BMD testing is recommended only to determine severity of the disease, and to assess the response or efficacy of an approved osteoporosis drug therapy for these patients.<sup>[4,5]</sup>

Osteoporosis is a silent disease until complicated

by low-energy fractures.<sup>[5]</sup> We entirely agree with the authors' statement that many patients are not receiving adequate information about prevention or appropriate testing to diagnose osteoporosis or osteoporosis risk.

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