



5 Common Myths **De-boned** for General Practice

MYTH 1: Adult patients discharged from hospital following a fracture have been treated appropriately

De-boned: Yes, the fracture itself is treated to enhance its repair **BUT** only 20% of patients presenting with a minimal trauma fracture are either investigated or treated for osteoporosis! Studies in Australia and overseas have shown up to **80%** of fracture patients investigated with a bone density test are found to have poor bone health as the underlying cause.

MYTH 2: Poor bone health is complicated to manage

De-boned: Patients over the age of 50 years with specific risk factors can be referred for a bone density test to investigate bone health. Early diagnosis benefits patients. Once diagnosed, osteoporosis is straightforward to manage – a range of safe and effective medications are available in Australia. Treatment with anti-osteoporosis drugs is optimised if calcium, vitamin D and exercise levels are adequate. Compliance with medications can be improved when patients understand that small increases in bone density over time lead to significant reductions in the risk of fractures.

MYTH 3: Osteoporosis isn't really an issue until a fracture occurs

De-boned: Once a fracture has occurred, the risk of further fractures and associated morbidity and mortality increases. Prevention is the key. Start early, investigate patients over the age of 50 years with risk factors for osteoporosis. When it comes to other diseases like heart disease, GPs are proactive with investigating patient risks and the same principles should apply to bone health.

MYTH 4: Osteoporosis is rare in men

De-boned: Nearly ¼ of people with osteoporosis are men, and close to one in five men over the age of 50 years will break a bone due to osteoporosis. All the main risk factors for osteoporosis also apply to men, with the addition of low testosterone levels, and prostate cancer treatment with Androgen Deprivation Therapy (ADT).

MYTH 5: Only patients over 70 need a bone density test with DXA

De-boned: Clinical risk factors – not age – should determine referral for DXA, targeting the 50+ patient population is important.

For more information see Bone Density Testing in General Practice

www.osteoporosis.org.au

National toll-free number for patients 1800 242 141

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Professor Peter Ebeling AO
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"I encourage General Practitioners to refer their patients over the age of 50 years for a Bone Density Test when clinical risk factors for osteoporosis are present.

A bone health check is an important start for osteoporosis diagnosis. We must be mindful that poor bone health leads to fractures and that is something we can definitely work together to prevent."

Dr Greg Slater
Dean, Faculty of
Clinical Radiology
The Royal Australian and
New Zealand College of
Radiologists



"Bone density testing using DXA is a safe and effective imaging investigation that plays a key public health role by providing early diagnosis of osteoporosis in patients at risk. This can facilitate treatment to prevent severe injury from falls or minor accidents."

Common risk factors at a glance

- Minimal trauma fracture in the over 50s
- Family history of osteoporosis
- Conditions that negatively impact bones eg: coeliac disease, hyperparathyroidism, RA, low testosterone
- Medications that negatively impact bones eg: corticosteroids, some breast and prostate cancer treatments