Table 1

Key recommendations on assessment of fracture risk adapted from NICE CG146[4]

Assessment of fracture risk should be considered in the following cases:

- All women ≥ 65 and all men ≥ 75 years

- Women < 65 and men <75 years if they have risk factors, such as:
  - Previous fragility fracture
  - Current or frequent recent use of oral or systemic glucocorticoids
  - A history of falls
  - A family history of hip fracture
  - Other causes of secondary osteoporosis
  - BMI < 18.5 kg/m^2
  - Smoking
  - Weekly alcohol intake >14 units (women) or >21 units (men)

- When assessing an individual's risk of fracture, absolute risk should be estimated (e.g. the predicted risk of major osteoporotic or hip fracture over 10 years, expressed as a percentage)

- When assessing an individual's risk of fracture, use either FRAX (without a BMD value if a DXA scan has not been undertaken before) or QFracture, within their allowed age ranges, to estimate 10-year predicted absolute fracture risk

- BMD should not be routinely measured to assess fracture risk without prior assessment using FRAX (without a BMD value) or QFracture

- After risk assessment with FRAX (without a BMD value) or QFracture, consider measuring BMD with DXA in those whose fracture risk is in the region of an intervention threshold for a proposed treatment, and recalculate absolute risk using FRAX with the BMD value