FRAX® 10-Year Fracture Risk Assessment
If You Could See Your Patient’s Future Fracture Risk, Would You Change It?

The importance of FRAX: Identifying People at High Risk of Fracture

Osteoporosis is a growing healthcare crisis affecting millions of women and men worldwide. The fractures associated with osteoporosis are staggering, for the year 2000, there were an estimated 9 million new osteoporotic fractures worldwide, of which 1.6 million were at the hip, 1.7 million were at the forearm and 1.4 million were clinical vertebral fractures. What would you do if you could change these facts?

What is FRAX?
FRAX is a 10-year fracture risk assessment developed by the World Health Organization (WHO) that calculates a 10-year fracture probability in women and men. FRAX has been developed as a tool to help healthcare providers identify and proactively treat patients with a high risk of debilitating bone fractures due to low bone mass and other significant risk factors.

Risk factors
The following risk factors, used by FRAX, are significant contributors to osteoporotic fracture risk, beyond those provided by BMD and age alone: sex, ethnicity, body mass index (BMI), prior fracture, parental history of hip fracture, current smoking, glucocorticoids, rheumatoid arthritis, and daily alcohol consumption.

By combining these well established and validated risk factors with femoral neck BMD and High Definition Instant Vertebral Assessment (IVA-HD), a must have imaging feature since the presence of vertebral fracture will strongly influence the FRAX score, providers will be able to identify more patients needing early intervention and therapy than by using BMD alone.

Why Use 10-year Risk Assessment?
While T-score remains the standard for diagnosing osteoporosis, BMD misses other risk factors which are necessary to properly evaluate the fracture risk of patients. With FRAX, healthcare providers can identify patients who are at high risk of fracture but would not be candidates for preventative therapy using traditional T-score assessment.

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How was FRAX developed?
The FRAX model has been developed from studying population-based cohorts in Europe, North America, Asia and Australia. The FRAX algorithms give the 10-year probability of hip fracture and the 10-year probability of a major osteoporotic fracture (clinical spine, forearm, hip or shoulder fracture).

Integration of FRAX into Hologic DXA bone densitometers
The prompt integration of the FRAX calculator into the APEX™ software (APEX 3.0 and higher), the heart of the Discovery™ bone densitometry systems, exemplifies Hologic’s ongoing commitment to provide the most up-to-date technology and reporting to combat osteoporosis, a critical health issue in women and men.

By incorporating FRAX, healthcare providers can dramatically alter the way patients are evaluated for potential bone fractures as well as those who would most likely benefit from treatment.

FRAX integrated report
All the patient information and results are downloaded into an integrated report that can be electronically viewed or printed to aid clinicians in identifying patients who otherwise would go untreated until they experience a possibly debilitating fracture.

For additional information on FRAX:
International Osteoporosis Foundation: www.iofbonehealth.org
National Osteoporosis Foundation: www.nof.org
WHO Collaborating Centre for Metabolic Bone Diseases (University of Sheffield Medical School, UK): www.shef.ac.uk/FRAX