



Has the awareness of orthopedic surgeons on osteoporosis been increased in the past decade?

Ortopedik cerrahların osteoporozdaki farkındalığı geçen on yılda arttı mı?

O. Şahap Atik, MD.

Department of Orthopedics and Traumatology, Medical Faculty of Gazi University, Ankara, Turkey

Yes. Orthopedic surgeons are more aware of surgical treatment of osteoporotic fractures in the past decade; however, this is not the same for the medical treatment.^[1]

In Turkey, the majority of patients presenting with osteoporotic hip and vertebra fractures are underevaluated and undertreated for the prevention of secondary fractures.^[2] The cumulative incidence of secondary hip fractures has been reported to be 9% in the Netherlands.^[3] The relatively high risk of sustaining secondary hip fractures highlights the importance of secondary prevention in patients with a prior wrist or vertebral fracture.

The World Health Organization (WHO) developed the Fracture Risk Assessment Tool (FRAX), a tool used for the osteoporotic fracture risk assessment.^[4] However, we still believe that the FRAX tool has serious limitations for some countries.^[5]

Furthermore, the definition of osteoporosis based on T-score on bone mineral density measurement is no longer sufficient.^[6] Therefore, the following question should be answered: Which subgroups of patients with low-energy fractures are eligible to undergo anti-osteoporotic drug therapy? The answer is simple:

- If the patient has low-energy distal radius fracture, be alert to spinal or hip fractures,
- If the patient has low-energy spinal or hip fracture, be aware of further spinal or secondary hip fractures, and
- Start anti-osteoporotic drug therapy!

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