



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

Ortopedik cerrahların osteoporozdaki farkındalığı geçen on yılda arttı mı?

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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 undervalued 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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