

## Task Force Issues Draft Recommendation on Screening for Osteoporosis to Prevent Fractures

*Screening for osteoporosis can help prevent fractures in women 65 years and older and in younger women who have gone through menopause and are at increased risk*

WASHINGTON, D.C. – June 11, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for osteoporosis to prevent fractures. The Task Force recommends that all women 65 years and older be screened for osteoporosis. **This is a B grade.** The Task Force also recommends screening women younger than 65 who have gone through menopause and are at increased risk of an osteoporotic fracture, as estimated by clinical risk assessment. **This is a B grade.** More research is needed on whether or not men should be screened for osteoporosis to prevent fractures. **This is an I statement.** This recommendation applies to adults who do not have a history of prior fragility fractures or health conditions that could lead to weakened bones.

### Grades in this recommendation:

- B: Recommended.
- I: The balance of benefits and harms cannot be determined.

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Osteoporosis is a condition that causes bones to become thinner and weaker, resulting in fragile bones that break more easily than healthier bones. These breaks, also known as osteoporotic or fragility fractures, can result from a minor fall or injury that would not have caused a break in normal, healthy bone. Fragility fractures are often the first sign of osteoporosis and can result in serious disability, chronic pain, loss of independence, and even death.

“Screening for osteoporosis is an effective way to prevent fractures in women 65 and older and in younger women who have gone through menopause and are at increased risk of osteoporosis or fractures,” says Task Force member Esa Davis, M.D., M.P.H. “Screening is important because too often women don’t know they have osteoporosis until after a fracture occurs, and these fractures can lead to decreased quality of life, disability, and even death.”

Advancing age is a significant risk factor for osteoporosis and fractures, which is why it is important that all women 65 and older be screened. For younger women, clinicians can conduct a clinical risk assessment to help determine whether or not to screen. There are several risk assessment tools that clinicians can use to assess risk. While men also can get osteoporosis, there is limited evidence on the benefits and harms of screening and treatment in men.

“Osteoporosis affects both men and women, and fractures in men result in more disability and death, which is why the Task Force is calling for more research to determine whether it is beneficial to screen men for osteoporosis,” says Task Force vice chair John Wong, M.D. “The Task Force continues to call for more research and encourages anyone who has concerns about their bone health to speak with their clinician.”

In addition to the evidence gaps on men, the Task Force is calling attention to important health inequities related to screening for osteoporosis. Some risk assessment tools have limitations in predicting fracture risk for Black, Hispanic, and Asian populations. It is important that clinicians be aware of these limitations, and they may also want to consider additional risk factors, to help inform discussions with their patients and determine whether screening or treatment for osteoporosis is needed.

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from June 11, 2024, to July 8, 2024, at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Davis is a professor of medicine and family and community medicine, the associate vice president for community health, and the senior associate dean of population and community medicine at the University of Maryland School of Medicine. She is the lead health equity strategist for the University of Maryland Institute for Health Computing. Dr. Davis is also the director of the Transforming Biomedical Research and Academic Faculty Through Leadership Opportunities, Training, and Mentorship (TRANSFORM) program.

Dr. Wong is vice chair for Academic Affairs, chief of the Division of Clinical Decision Making, and a primary care physician in the Department of Medicine at Tufts Medical Center. He is also a professor of medicine at Tufts University School of Medicine and a master of the American College of Physicians.

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