

Discrepant Scores in Different Skeletal Regions

At all ages, the relative risk of fracture doubles for each unit decrease in T-score, regardless of the skeletal location used to calculate that score. It is therefore logical to use the worst T-score as a basis for action, and the MGH Osteoporosis Center generally advises that.

Treating patients early is less cost-efficient than treating patients late. If estrogen-deficiency bone loss is diagnosed early, when the vertebral body T-score is the only T-score lower than minus 2.0, fractures are less likely to occur in the next few years than if estrogen-deficiency bone loss is diagnosed late, when the vertebral body and whole vertebra T-scores are both low. Our generic recommendation to treat based on the worst T-score therefore has cost-effectiveness implications. A more sophisticated approach considers multiple patient-specific risk factors for fracture, in addition to T-scores. For such an evaluation, physicians can refer a patient for consultation by a specialist physician at the following address:

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