

# IOF position paper reveals enormous variation in worldwide usage of FRAX

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One of the most important advances in osteoporosis management of the past decade has been the advent of fracture risk assessment algorithms. Today, rather than relying on bone mineral density values alone, doctors use tools such as FRAX, a widely available [calculator](#), to help identify patients in need of treatment.

A new position paper by the International Osteoporosis Foundation (IOF) Epidemiology and Quality of Life Working Group has assessed the uptake of FRAX worldwide. The study concludes that there were approximately 2.3 million FRAX calculations during a one-year period beginning in May 2012, with enormous variation in worldwide usage.

## What is FRAX?

FRAX (WHO Fracture Risk Assessment Tool) calculates an individual's 10-year probability of a major osteoporotic fracture based on clinical risk factors. It integrates the weight of clinical risk factors for fracture and mortality risk, with or without information on [bone mineral density](#) (BMD) values. Each calculator is country specific, calibrated to the national epidemiology of fracture and mortality.

Now with specific models for 53 countries, FRAX is widely used by physicians around the world to help assess their patients' fracture risk in the course of a clinical assessment. The use of the tool improves [risk assessment](#) compared to the use of BMD alone, allowing physicians to

make more informed treatment decisions.

## **Study reveals great variation in usage:**

For the study, FRAX usage was computed as the number of calculations originating from each country (source Google Analytics) from 1 May 2012 to 30 April 2013 and expressed as calculations per million of the general population over the age of 50 years. As FRAX calculations are also available offline - in BMD equipment, on the iPhone and, in some countries, through handheld [calculators](#) - it was assumed (conservatively) that 25 % of calculations were undertaken independent of the web site, and the annual number of FRAX calculations was upwardly revised accordingly. An exception was Japan where a survey suggested that 71 % of doctors use the widely available handheld calculator.

The number of calculations per million of population over the age of 50 years (based on UN demographic data for 2015, where available) was classified as high use: (>1200 per million); Intermediate use (420-1200 per million); Low use (100 per million): and

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