

Older women with normal T-scores may not need bone mineral density screening for 10 years

October 18 2010

Since 2002, the U.S. Preventive Services Task Force has recommended that women ages 65 and older be routinely screened for osteoporosis and has suggested that a 2-year screening interval might be appropriate. However, what length the screening interval should be is a topic that remains controversial and undecided, with no definitive scientific evidence to provide guidance.

Now a new study led by Margaret L. Gourlay, MD, MPH of the University of North Carolina at Chapel Hill School of Medicine finds that [women](#) aged 67 years and older with normal bone mineral density scores may not need screening again for 10 years.

"If a woman's [bone density](#) at age 67 is very good, then she doesn't need to be re-screened in two years or three years, because we're not likely to see much change," Gourlay said. "Our study found it would take about 16 years for 10 percent of women in the highest bone density ranges to develop osteoporosis."

"That was longer than we expected, and it's great news for this group of women," Gourlay said.

Gourlay, an assistant professor in UNC's Department of Family Medicine, presented these results on Sunday, Oct. 17, at the annual meeting of the American Society for Bone Mineral Research (ASBMR)

in Toronto.

In the study, Gourlay and study co-authors analyzed data from 5,035 women aged 67 years and older that were collected as part of the longest-running osteoporosis study in the U.S., the Study of Osteoporotic Fractures. These women were enrolled in the study from 1986 to 1988 when they were 65 years or older, and had bone mineral density (BMD) testing starting about two years later. All had bone mineral density testing at least twice during the study period; some were tested up to five times over a period of 15 years.

For the analysis, women were categorized by BMD T-scores, which compare a person's [bone mineral density](#) to the expected bone density of a healthy young adult (about age 30). Women with osteoporosis (those with a T-score of -2.5 or lower) were excluded because current guidelines recommend treatment for all women in that group. The remaining women were placed in three groups according to their baseline BMD T-scores at the hip. The high risk group was women with T-scores ranging from -2.49 to -2.00, while the moderate risk group had T-scores from -1.99 to -1.50. The low risk group included two T-score ranges: T-scores -1.49 to -1.01, and normal BMD (those with T-scores of -1.00 or higher).

The researchers calculated estimated times for 10 percent of the women in each T-score group to transition to osteoporosis. For the high risk group, the estimated time was 1.26 years, while it was about 5 years for the moderate risk group and 16 years for the low risk group.

The study concluded that baseline BMD is the most important factor for doctors to consider in determining how often a patient should be screened. It also suggests that older postmenopausal women with a T-score of -2.0 and below will transition to osteoporosis more rapidly, while women with T-scores higher than -2.0 may not need screening

again for 5 to 10 years, Gourlay said. "Doctors may adjust these time intervals for a number of reasons, but our results offer an evidence-based starting point for this clinical decision."

Provided by University of North Carolina School of Medicine

Citation: Older women with normal T-scores may not need bone mineral density screening for 10 years (2010, October 18) retrieved 1 May 2023 from <https://medicalxpress.com/news/2010-10-older-women-t-scores-bone-mineral.html>

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