

Osteopenia: when and how to intervene?

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Osteopenia is defined by the World Health Organization (WHO) as "low bone mass", a decreased bone mass, which may improve or may progress, being a step prior to Osteoporosis. WHO criteria define Osteopenia using DXA scanning, as a bone mineral density (BMD) whose T-score is between -1 to -2.5. Although the risk of fracture is greater in women with osteoporosis, the number of fractures is higher in postmenopausal women with osteopenia, because there are many more women with osteopenia than with osteoporosis, a fact demonstrated in clinical trials: MORE, ROTTERDAM and NORA trial. The treatment of osteopenic patients, with a higher risk of fracture due to low bone mass, is controversial, we consider whether we should treat them pharmacologically, or only recommend general measures: calcium intake, calcium and vitamin D supplements, workout. However, current evidence indicates that specific treatment is given if an osteopenic patient suffers from fragility fractures, in addition to presenting significant risk factors that lead to a very high risk of future fracture as assessed by risk calculators such as FRAX. Antiresorptive treatments, MHT and SERMS in the youngest ones, and Bisphosphonates or Denosumab in the older ones, are of choice in this group of patients. Conclusion: Osteopenia is a loss of bone mineral density and is often a precursor to more severe bone loss, like osteoporosis. but it may reversed. The main question is, whether or not to treat osteopenia. Currently, candidates for therapy include those at high risk of osteoporotic bone fracture. This is determined measuring bone mineral density with DXA and evaluating significant clinical risk factors. Osteopenia's treatment may include: diet and nutritional strategies, exercises and physical activities and specific prescription.

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