

PREVALENCE OF FRAX CLINICAL RISK FACTORS DIETARY CALCIUM INTAKE HABITS AND OSTEOPOROSIS SCREENING IN GREEK WOMEN

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Introduction : Osteoporosis-related fractures can cause substantial disability and increase health care costs,and mortality. There are many difficulties to access Greek women residing in remote villages and perform the FRAX tool for osteoporosis evaluation,especially, after the global economy crisis.

Purpose : To estimate the prevalence of FRAX clinical risk factors, calcium intake habits and perform osteoporosis screening in 275 postmenopausal Greek women ,aged 40-84 years.

Methods : Clinical risk factors were evaluated with FRAX[®] ,BMD was measured using heel QUS, calcium intake calculation using a food frequency questionnaire.

Results : Mean age was 61,73 years and mean BMI : 27,03 kg/m². In total 51 out of 275 were found eligible for treatment after DEXA measurement (3, 7 and 41 for the age groups : 0-49, 50-65 and over 65, respectively). Secondary osteoporosis was found in 22,54%, 14,54% had parental fracture history, 8,36% had a fracture , 14,90 % were smokers, 5,81 % received steroids, 1,45% had rheumatoid arthritis.Their average calcium intake from diary products: 605.41, 622.71 and 555.74 mg for the age groups 40-49,50-64 and over 65 years ,respectively .

Age Group	History of hip fracture	Parent fractured hip	Smoking	Use of steroids	Secondary Osteoporosis	Reumatoid Arthritis
40-49 N=48	1	7	13	3	13	0
50-64 N=114	6	18	24	6	24	3
>=65 N=113	16	15	4	7	25	1
N=275	23	40	41	16	62	4

Conclusions :This study revealed that the prevalence of different clinical risk factors varies from 1,45% to 22,54%. The most common factors are secondary osteoporosis and smoking.Additional risk factors (eg falls, previous spine fractures etc), not represented in FRAX[®] , warrant individual clinical judgment. Further studies will clarify whether QUS combined with FRAX[®] have the potential for the best primary care approach ,when DEXA is not available.