



Fracture Risk Assessment

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Why diagnosis of osteoporosis is important?

- The most common metabolic bone disease
 - 1/3 of women > 50
 - 1/5 of men > 50
- High Morbidity and Mortality
- Asymptomatic
 - 30-50% of vertebral fracture



OSTEOPOROSIS

- A skeletal Disorder:
 - Compromised Bone Strength
 - Increased Risk of Fracture

Adams, Nat Rev Endocrinol. 2013



Risk of fracture in CKD

- CKD is associated with the development of:
 - Mineral bone disorder
 - Osteoporosis
 - Fragility fractures



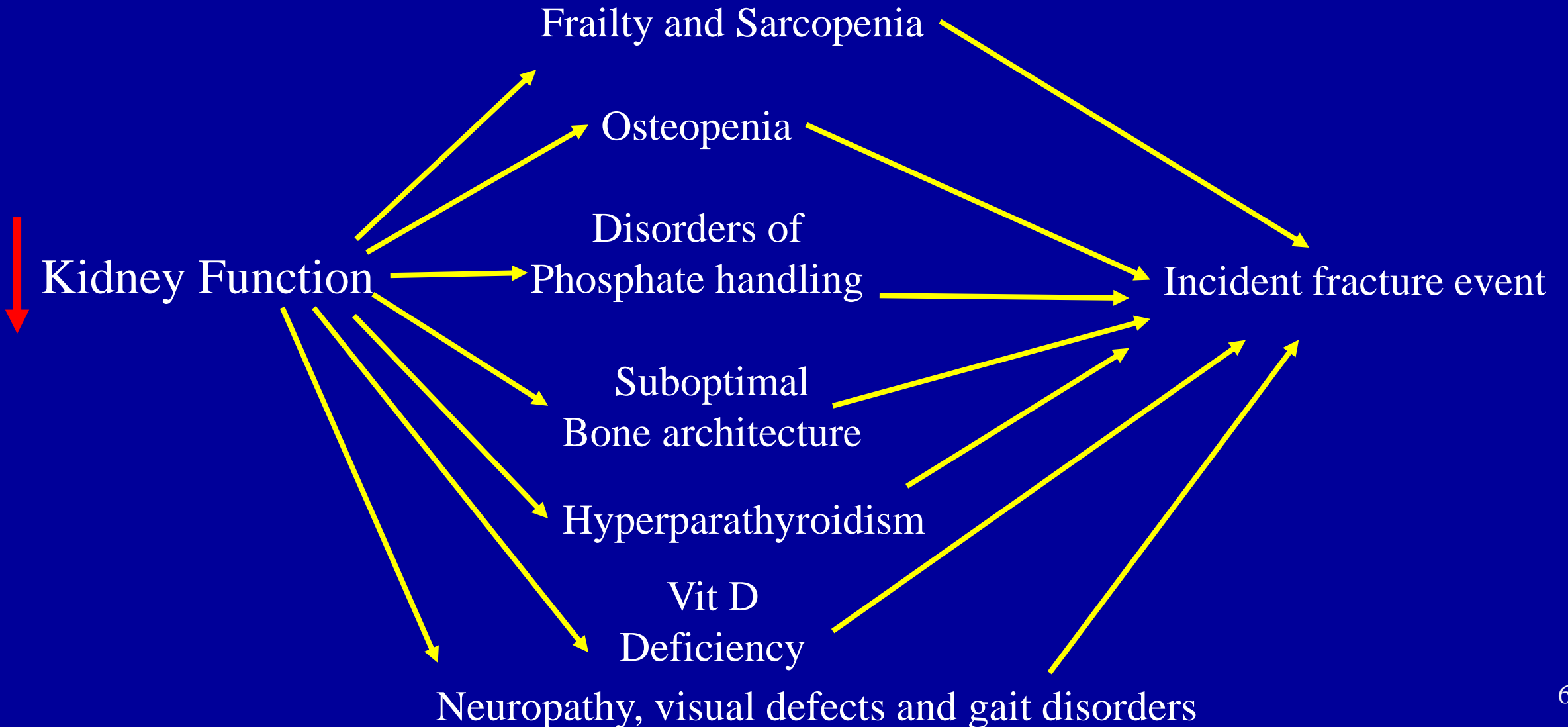
Risk of fracture in CKD

- Risk in patients on dialysis 12 to 45/1000 patient-year
- Risk of hip fracture up to 4 times higher
- Risk of fracture is up to 5 times higher in
 - GFR < 15 versus GFR > 60

Calcified Tissue International, 2021

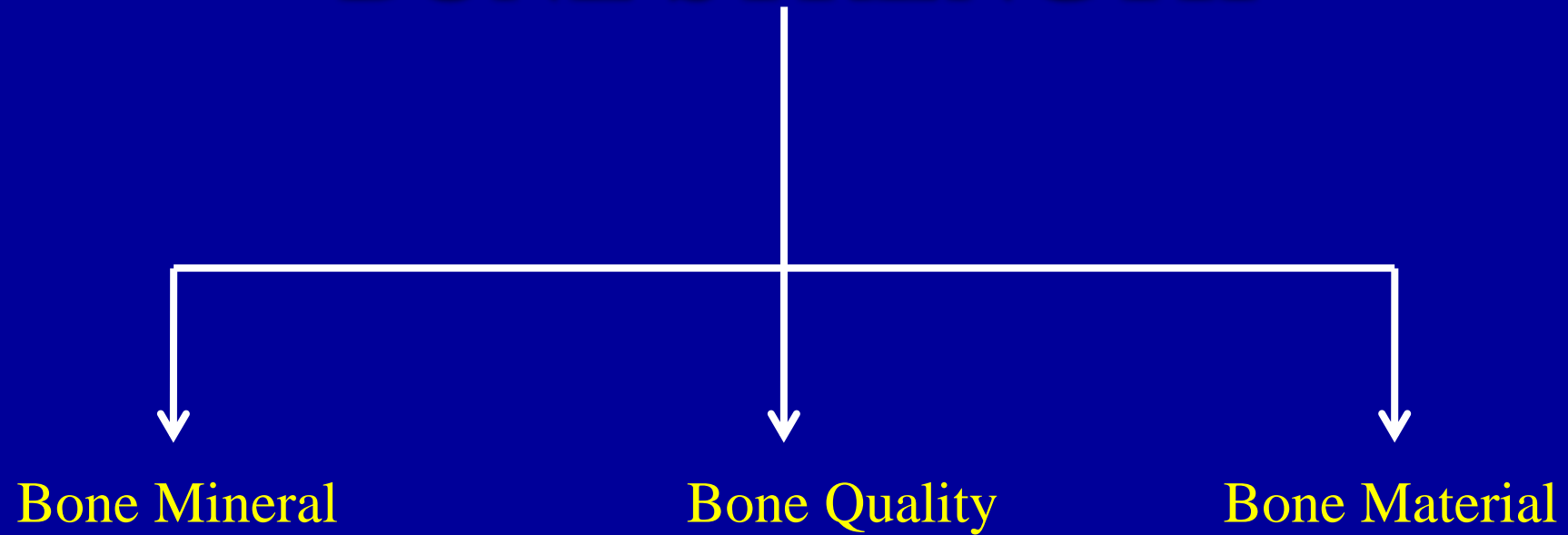


Factors contributing to fracture risk in CKD





BONE STRENGTH



Adams, Nat Rev Endocrinol. 2013



Osteoporosis Definition

- Normal Bone
 - $-1 \leq \text{T-Score} < +1$
- Osteopenia
 - $-2.49 \leq \text{T-Score} < -1$
- Osteoporosis
 - $\text{T-Score} \leq -2.5$



BMD at which frequency?

- Usually 23 months



BMD in CKD

- Good predictive value of BMD for risk of peripheral fracture and hip fractures in CKD stages 3-5D
 - Nephrol Dial Transplant, 2012
 - Clin J Am Soc Nephrol, 2015
 - J Bone Miner RES, 2015
 - Clin J Am Soc Nephrol, 2012
- 2017 KDIGO guidelines
 - BMD if results will impact treatment decisions



CLINICAL RISK FACTORS for FRACTURE

- Age
- Sex
- Weight
- Height
- History of Fracture
- Parental History of Fracture
- Current Smoking
- Steroid Use
- Alcohol Use
- RA
- Secondary Osteoporosis



FRAX


FRAX™ WHO Fracture Risk Assessment Tool

HOME | CALCULATION TOOL | PAPER CHARTS | FAQ | REFERENCES

Calculation Tool

Please answer the questions below to calculate the ten year probability of fracture with BMD.

Country: **US (Caucasian)** Name / ID: Mrs. Z [About the risk factors](#) ⓘ



Questionnaire:

1. Age (between 40–90 years) or Date of birth
Age: Date of birth: Y: M: D:

2. Sex Male Female

3. Weight (kg)

4. Height (cm)

5. Previous fracture No Yes

6. Parent fractured hip No Yes

7. Current smoking No Yes


8. Glucocorticoids No Yes

9. Rheumatoid arthritis No Yes

10. Secondary osteoporosis No Yes

11. Alcohol 3 more units per day No Yes

12. Femoral neck BMD

BMI 23.8
The ten year probability of fracture (%) 

with BMD

<input checked="" type="checkbox"/> Major osteoporotic	27
<input checked="" type="checkbox"/> Hip fracture	4.8



FRAX in CKD

- FRAX works good in CKD stages 2–5

Calcified Tissue International, 2021

- Underestimation of bone fracture risk in dialysis patients

Bone, 2020

- FRAX predicts fracture better than all other clinical risk factors

Osteoporosis International, 2017



Trabecular Bone Score

- TBS is derived from texture of the DXA image
 - Bone micro architecture
 - Fracture risk



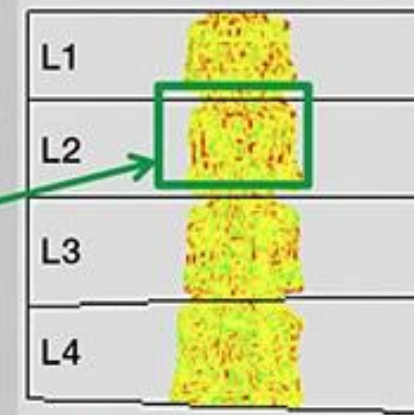
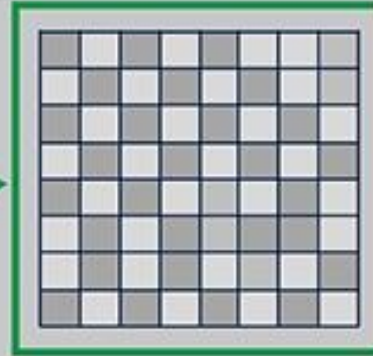
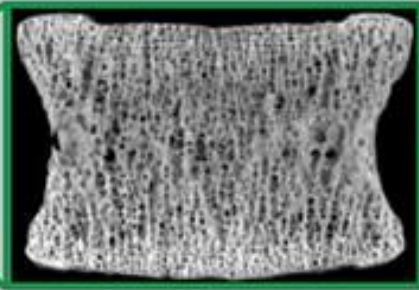
Trabecular Bone Score

- TBS uses standard DXA spine images to measure texture inhomogeneity.
- TBS identifies differences between pixels in densitometry pictures from lumbar spine.



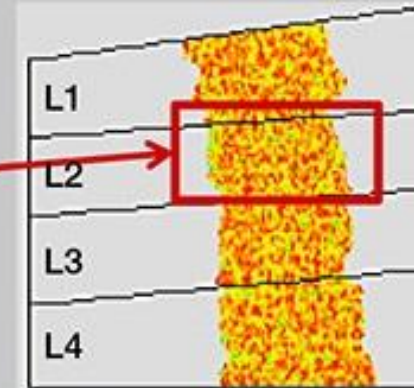
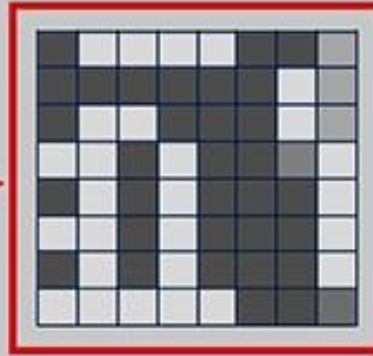
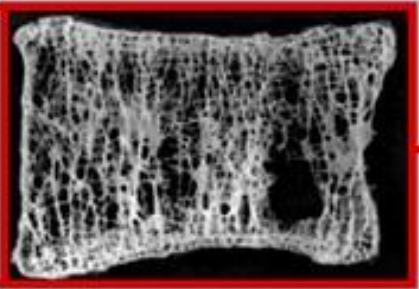
TBS

Healthy Well-structured trabecular bone



TBS = 1.360

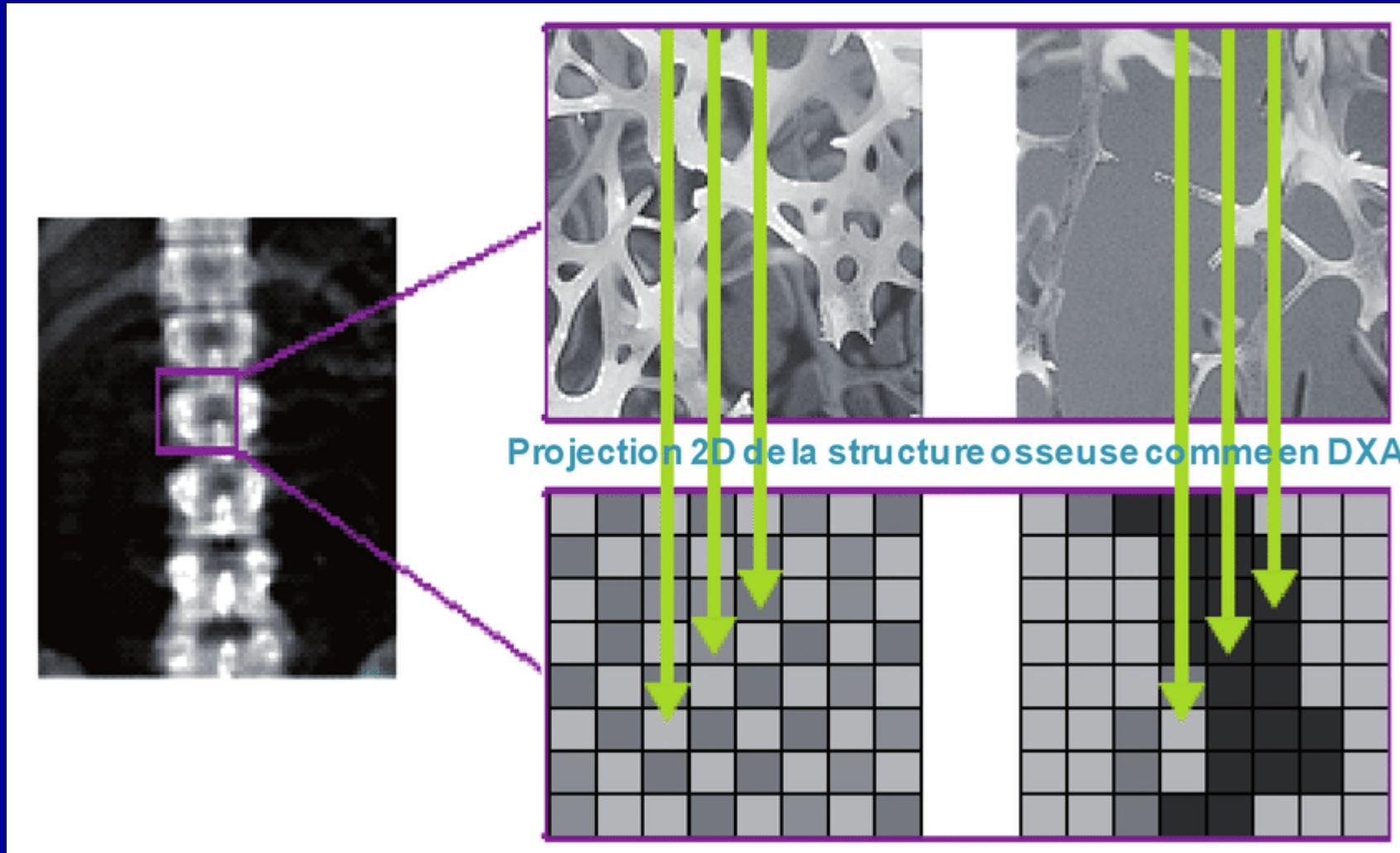
Osteoporosis Altered trabecular bone



TBS = 1.102

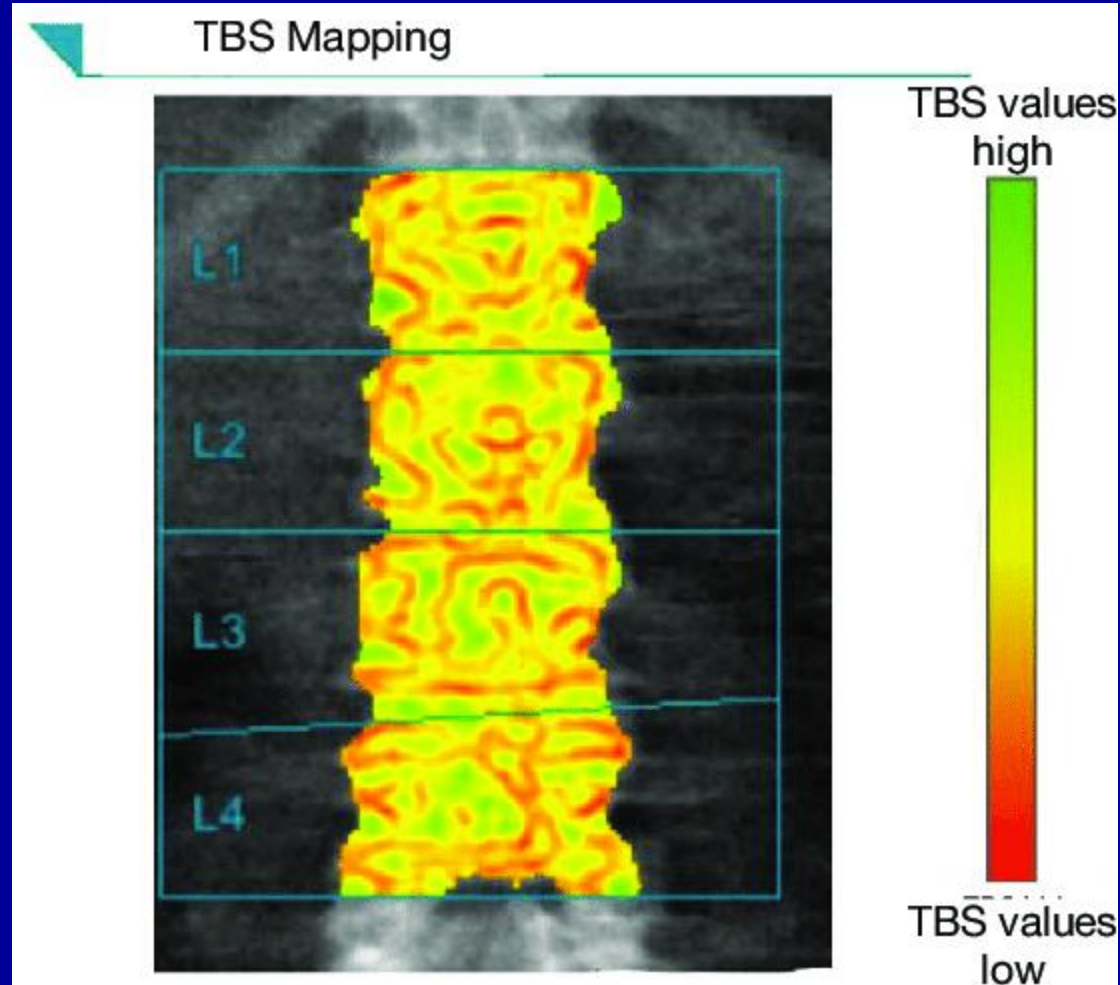


TBS





TBS





TBS

- TBS independently predict fracture risk in patients with low bone mass
- Better relation to fracture risk than does areal BMD in patients with secondary osteoporosis.



TBS Ranges

- $TBS \geq 1.35$ Normal
- $1.2 < TBS < 1.35$ Partially degraded bone
- $TBS \leq 1.2$ Degraded bone



TBS in CKD

- Lower TBS was only statistically significant for osteoporosis prediction for $GFR \geq 60$
- Addition of TBS to the FRAX score did not significantly improve fracture risk prediction in patients with CKD.

Osteoporosis International, 2020



TBS in CKD

- TBS has inverse association with PTH
 - Hyperparathyroidism and increased bone turnover on trabecular microarchitecture

Osteoporosis International, 2018



Bone Turnover Markers

- Bone formation
 - Serum bone-specific AlkP
 - Serum Osteocalcin
 - Serum Propeptide of type I Collagen
- Bone Resorption
 - Urine and Serum Cross-linked C&N-telopeptide



Bone Turnover Markers in CKD

- They are cleared by kidney Usefulness in CKD?

J Clin Endocrinol Metab, 2020

- A recent study showed benefits of these markers +PTH

J Am Soc Nephrol, 2018

- Some markers use to identify low bone turnover

- Lower FGF-23 + higher α -Klotho + lower PTH

J Clin Endocrinol Metab, 2020



**Thanks for your
kind attention**