

4. Screening men for osteoporosis

? What are the recommendations for osteoporosis screening in men?

Submitted by:
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Low-bone mineral density (BMD) in men may not be associated with the same increased risk of fracture as in women. Current data regarding the bone mineral density and fracture risk relationship in men is limited and further clinical trials are necessary to fully understand the risk of fracture in men with low BMD in the absence of a fracture risk.

The Osteoporosis Society of Canada has recommended that individuals with one major risk factor or two minor risk factors for fracture be further evaluated for osteoporosis. If a low BMD is identified, then it is necessary to investigate to ensure that secondary causes for the low BMD are not present.

It has been estimated that 55% of men have a secondary cause for their bone loss with approximately 45% having idiopathic osteoporosis. The most common causes of low BMD in men are hypogonadism, alcohol abuse and steroid therapy.

The major and minor risk factors for osteoporosis in men are listed in Table 1.

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Table 1
Major and minor risk factors for osteoporosis in men

Major:

- Age 65 or older
- Vertebral compression fracture
- Fragility fracture after age 40
- Family history of osteoporotic fracture (especially maternal hip fracture)
- Systemic glucocorticoid therapy of at least three-month duration
- Malabsorption syndrome
- Primary hyperparathyroidism
- Propensity to fall
- Appearance of osteopenia on radiograph
- Hypogonadism

Minor:

- Rheumatoid arthritis
- History of clinical hyperthyroidism
- Long-term anticonvulsant therapy
- Weight loss > 10% of weight at age 25
- Weight < 57 kg
- Smoking
- Excess alcohol intake
- Excess caffeine consumption
- Low dietary calcium intake
- Long-term heparin therapy