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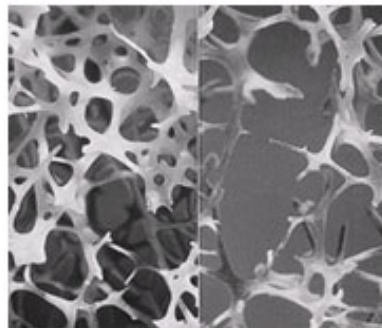


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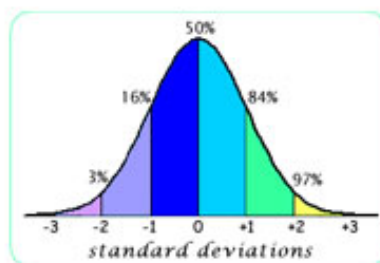
Health Tip: Interpreting Bone Mineral Density Test Results



T-scores, Z-scores, BMD testing, DEXA scan---evaluating for osteoporosis is an alphabet soup of confusing terms. Interpreting the results can be even more perplexing. With a little education regarding the statistics used in the test and an explanation of the terms used in reporting the results, however, the test makes more sense.

Since osteoporosis can develop without any signs or symptoms, a bone mineral density (BMD) testing is commonly recommended to assess bone integrity. BMD testing is recommended by the U.S. Preventive Services Task Force (USPSTF) in most women beginning at age 65 or at age 60 in women who are at increased risk for developing osteoporosis-related fractures. Risk factors for the development of osteoporosis include having a small, thin body frame, drinking alcohol excessively, taking higher doses of thyroid medicine or corticosteroids, being physically inactive, eating a diet low in calcium, and being postmenopausal. The rationale for screening is that treatment of asymptomatic women with osteoporosis has been shown to reduce their risk for fracture.

One of the most important measurements taken during the BMD test is the T-score. The T-score compares someone's bone density with the bone density of a young adult at peak bone density. In general, bone that has a higher density is stronger and less prone to being fractured. The reported T-score is the number of standard deviations above or below that standard. Standard deviations are variations from "normal" (the majority of people), which can be demonstrated with a bell-shaped curve. The lower a person's T-score, the lower the bone density. For example, a T-score of -1.0 is lower than a T-score of -0.5 and a T-score of -2.0 is lower than a T-score of -1.5.



As seen on this curve, 68% of people have a T-score between +1 and -1 which is considered to be normal. Approximately 15% have a T-score between -1 and -2.5 which indicates low bone density or osteopenia. T-scores of -2.5 and below indicate the presence of osteoporosis.

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Bone density test reports also include a Z-score. This compares someone's bone density to other people of the same age and body type. This score is much less important in assessing for osteoporosis, particularly in postmenopausal women. For example, an elderly woman could have a "normal" Z-score but still be at high risk for breaking a bone since her T-score places her in the osteoporosis range.

Bone density testing can be performed on a number of different bones including the hip, spine, wrist and heel. The best test for determining bone density, however, is a DEXA (dual absorption x-ray absorptiometry) scan, performed at specific areas of the femur and spine. While osteoporosis affects all the bones, not just the ones being tested, fractures of the femur and spine are particularly serious in terms of their consequences, which is a major reason why testing focuses on these bones. Sometimes testing at a "peripheral" site (wrist, heel, etc.) is done as a screening test. Borderline or low density found at these sites warrants more formal evaluation of the hip and/or spine.

Understanding bone density test results can help allay anxiety as well as to empower one to address abnormal results. Although repeat exams are sometimes recommended at more frequent intervals, it usually takes one to two years to see a significant change on BMD testing following an intervention such as taking bisphosphonate medications (Actonel, Boniva, Fosamax, etc.). For more information on bone mineral density testing, go to the National Osteoporosis Foundation website.

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