BONE DENSITY TEST (DEXA)

Collected on December 22, 2021 9:17 AM

If you have questions or concerns regarding your test results, contact the clinician who ordered the test.

NP 12/22/2021, 9:31 AM

Dear Ms. Kopfsill,

My name is Doris Hong (Nurse Practitioner). I work with Melissa as part of your care team.

Bone scan shows you have osteopenia instead of osteoporosis, a big improvement. Please continue working on all the measures I attached below to improve/maintain bone health.

Please let us know if you have any more questions or concerns.

Osteopenia and Osteoporosis

What is it?

* Osteopenia means that you have lower than normal bone mineral density (BMD) This means that there is a greater risk over time that you may develop osteoporosis but it does not increase your risk of fracture at this time.

* Osteoporosis is a thinning of the bones that can put you at higher risk for a fracture (broken bone), usually of your spine, hip or wrist.

* Though most bones will heal with time, some fractures like those of the spine or hip can lead to long-term complications that can negatively affect your quality of life.

How do you test for it?

* A Bone Mineral Density (BMD or DEXA) test is a test for Osteoporosis or Osteopenia. A normal score is between +1.0 and -1.0. Osteopenia is diagnosed if you have a score between -1.0 and -2.5 and Osteoporosis is diagnosed when your score is between -2.5 and -4.0.

When should I be tested?

* Most physicians agree that women over age 65 should have a baseline test. Testing can be done in your 50s if you are at higher risk for Osteoporosis (if you have a family history of Osteoporosis, are a current ex-smoker, or have used long term steroids for other illness).

What can I do to avoid thinning bones?

* Daily exercise, especially weight bearing such as walking, for at least 30 minutes is important for bone strength.
Weight lifting can help upper body and bone strength.
* Calcium in your diet is important. The best source of calcium is in dairy products. For example, 8 oz 1% milk has 350 mg calcium). Other foods that have calcium are: green vegetables (broccoli, bok choy), beans, and canned fish with bones (sardines, salmon).

* Calcium supplementation is an option: Recommended dose is 800 mg a day before menopause. 1200 mg a day after menopause.

-600 mg maximum per tablet. You can't absorb more than 600 mg at a time so take it twice a day. Look at the "elemental calcium" content on the label not just the number of milligrams of calcium listed.

-Good options include: Calcium Carbonate (in Tums extra strength, Oscal, or chocolate chewable tabs (Viactiv or Kirkland/Costco brand) or Calcium Citrate (in Citracal).

* Vitamin D 800-1000 IU per day. It is also in multi vitamins (check amount). Another good source is 15 minutes of sun 3 times a week during the summer months. Winter sun is not as strong so supplementation may be needed during these months.

* Other considerations: don't smoke, limit caffeine and alcohol.

Thank you,

, NP working with Dr. Melissa as part of your care team.

Results

Impression

IMPRESSION: Osteopenia. There has been remarkable improvement in bone mineral density of all parameters, 21.6% for the femoral neck mean, 17.8% for the total hip, a 28% for the upper lumbar spine. Continued interval surveillance recommended.

Significant change based on 95% confidence interval (per site specific LSC). Difference in BMD not reported if within inter examination variance and not statistically different.

Future surveillance examinations should be performed at the same facility (Palo Alto - 795 El Camino Real) for more accurate statistical comparison.

T Score is defined as the standard deviation compared to a healthy young adult reference population. Z Score is defined as the standard deviation compared to healthy adults matched for age, gender, and ethnic group. The WHO definition of osteopenia is a T score of between -1.0 and -2.5 while osteoporosis is a T score equal to or less than -2.5.

All treatment decisions require clinical judgment and consideration of individual patient factors.

The National Osteoporosis Foundation recommends that FDA-approved medical therapies be considered in postmenopausal women and men age 50 years and older with a:

- a. Hip or vertebral (clinical or morphometric) fracture
- b. T-score </= -2.5 at the spine or hip

Electronically Signed by: John MD 12/22/2021 9:19 AM

Narrative

INDICATION: 62 years. Female. Osteoporosis.

COMPARISON: 12/18/2019 and earlier.

TECHNIQUE: The patient was scanned using a Lunar Prodigy densitometer.

REPORT: BMD (gm/cm sq.) T-Score Z-Score

L spine (L1-2): 1.024 -1.2 0.1 L Spine (L1-4): 1.302 0.9 2.2

Right Femoral Neck: 1.039 0.0 1.3 Right Total Femoral: 1.030 0.2 1.2

Left Femoral Neck: 0.922 -0.8 0.5 Left Total Femoral: 0.985 -0.2 0.8

Femoral Neck Mean: 0.980 -0.4 0.9 Total Femoral Mean: 1.008 0.0 1.0

There is limited endplate sclerosis on the left side of L3-L4 and across L4-L5. Inclusion may factitiously alter estimated bone mineral density.

Authorizing provider: Melissa MD Reading physician: John MD Study date: December 22, 2021 9:23 AM Collection date: December 22, 2021 9:17 AM MyChart® licensed from Epic Systems Corporation© 1999 - 2024