

[REDACTED]  
[REDACTED]

Patient:  
JULIE COOKE

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Date of Birth: 26/08/1955

Referred by : [REDACTED]

**BONE DENSITOMETRY** : 30 Jul 2014

**Indication For Scan:** Follow up bone densitometry for osteoporosis. The patient has been on prednisone therapy previously for rheumatoid arthritis.

Dual energy x-ray absorptiometry (DEXA) of the lumbar spine and femoral neck were performed.

Lumbar spine	30/07/2014	1.052g/cm <sup>2</sup>	T score* =-0.69
	11/07/2013	0.965g/cm <sup>2</sup>	
	19/09/2011	1.004g/cm <sup>2</sup>	
Femoral neck	30/07/2014	0.6338g/cm <sup>2</sup>	T score*=3.18
	11/07/2013	0.603g/cm <sup>2</sup>	
	19/09/2011	0.673g/cm <sup>2</sup>	

\*The T score is the number of standard deviations above or below the mean for young adults. The WHO defines osteopenia as a T score between -1 and -2.5, and osteoporosis as a T score worse than -2.5.

**Diagnosis:** Osteoporosis which is in the severe range at the hip.

**Fracture Risk Prediction:** The FRAX ten year predicted fracture risk at the hip is 12%, and for major osteoporotic fracture 25%.

**Clinical Comment and Recommendations:** This patient still has osteoporosis which reaches the severe range at the hip. Since the last scan in 2013 there has been a 9% increase in lumbar spine bone density at an average annual rate of 7.9% per annum. At the femoral neck there has been a 5.1% increase at an average annual rate of 4.5% per annum. This indicates substantial increases in her bone density. Even so, with the osteoporosis at the hip she is at risk of insufficiency fractures. If she has not already had bisphosphonate therapy, it is recommended that she is considered for this treatment.

**Future Scan Recommendation:** Repeat scan in two years, although sooner if prednisone is used again.