POSTMENOPAUSAL OSTEOPOROSIS - SCREENING AND DIAGNOSIS

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Introduction. Osteoporosis (OP) bears the epithet of the "hidden epidemic" of the present, which is associated with a steady progressive increase in the prevalence of this pathology and the absence of specific clinical manifestations. starting from the onset of pathological changes, often up to the moment of fractures. The purpose. To perform a literature review on the topic of postmenopausal osteoporosis, its clinical manifestations, risk factors and screening methods, diagnostic issues, including the most sensitive methods of evaluation of bone mineral density. Material and methods. A literature search was performed, using Keywords "osteoporosis, risk factors, screening, bone mineral density (BMD), diagnosis". We used PubMed database and selected articles published in 2012-2022. During search, system identified 2040 articles. After selection of most relevant ones published in English, we analyzed 89. Results. OP increases the risk of fractures and is associated with significant morbidity and mortality. Postmenopausal bone loss, related to estrogen deficiency, is the primary contributor to OP. Other risk factors include advanced age, genetics, smoking, low body mass, diseases and drugs that impair bone health. Their evaluation identifies candidates for OP screening. Non-pharmacologic measures are appropriate for all postmenopausal women. The most common strategy to detect risk of fracture relies on BMD testing. Such screening improves case-finding rates. BMD alone gives only limited sensitivity for predicting fractures at reasonable specificity levels. The FRAX tool was developed to assess the probability of OP fracture. It aims to provide higher sensitivity as compared with BMD alone. Conclusions. Osteoporosis is a common in postmenopausal women. Management of skeletal health in post menopause involves assessing risk factors for fractures, reducing modifiable ones through dietary and lifestyle changes. Fracture risk assessment using FRAX tool and BMD testing is highly recommended to select candidates for pharmacotherapy. Keywords: osteoporosis, bone mineral density, FRAX, fracture risk.