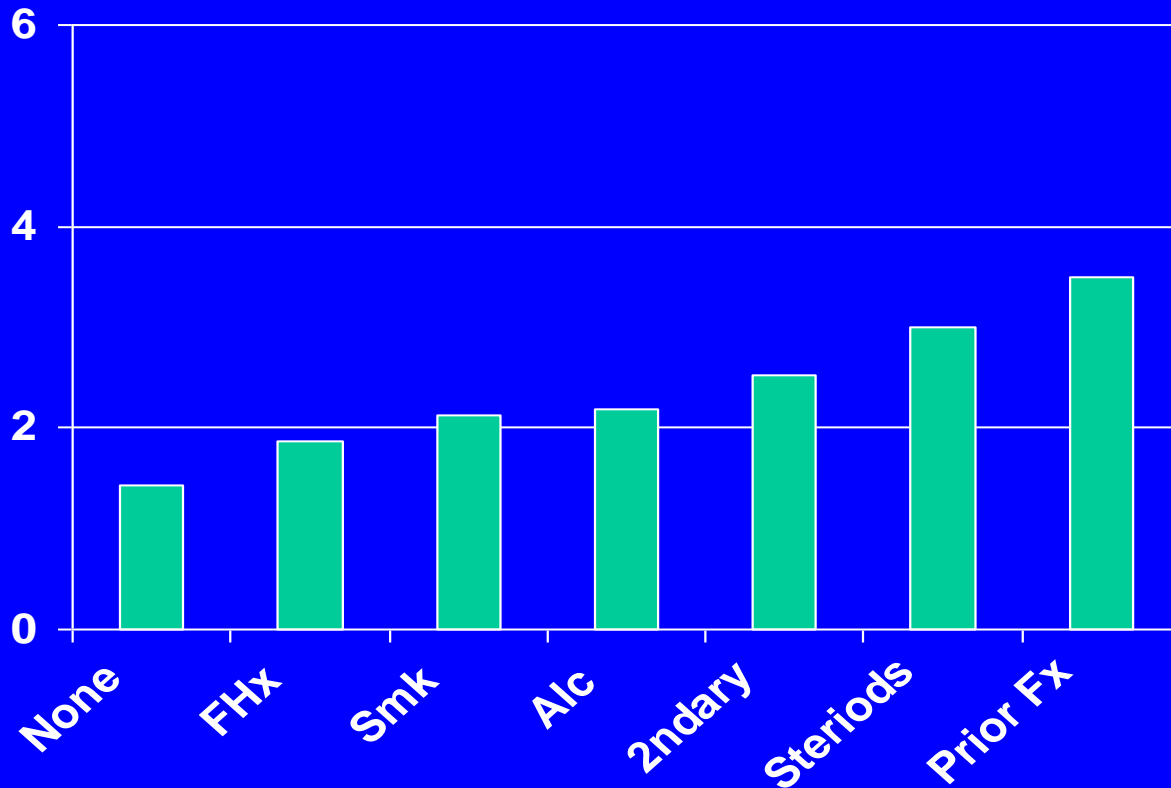


Components of the WHO Model (FRAX)

- **The clinical risk factors (prior fracture, age, low weight, family hx hip fx, smoking, alcohol, glucocorticoids, RA), their effect sizes and interactions**
- **Femoral neck BMD T-score based on single reference standard (young Caucasian female in NHANES III) – optional component**
- **Nation-specific fracture rates, death rates, and the impact of the risk factors on both rates**

Effect of Clinical Risk Factors on Hip Fracture Probability

10 year hip fracture probability (%)



Mrs Z

Age = 65 y

Height = 161cm

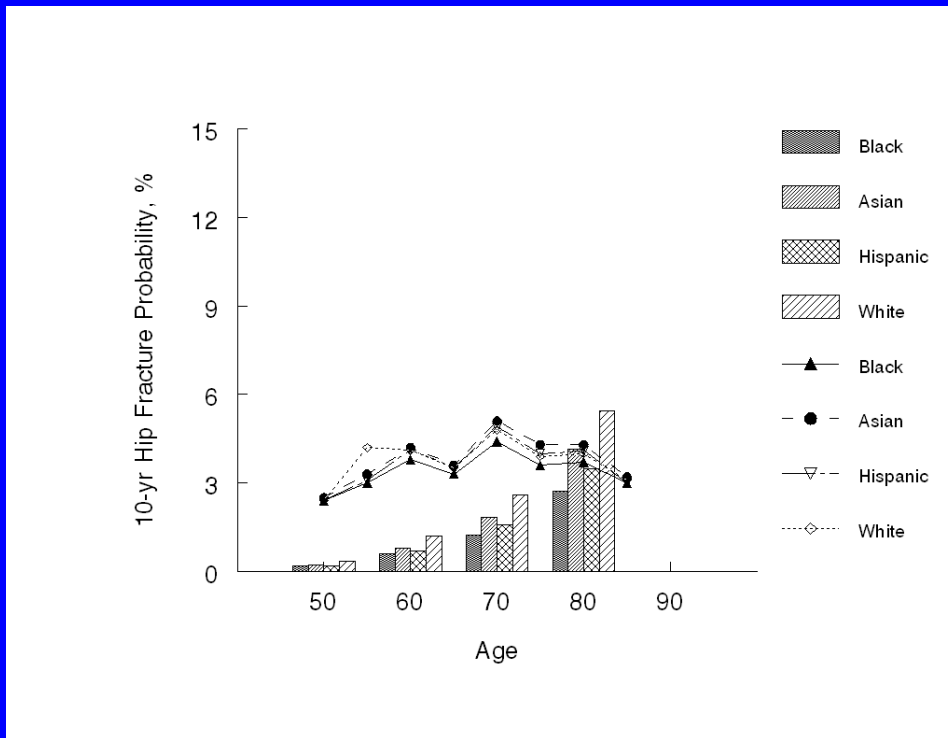
Weight = 61kg

BMI = 23.5 kg/m²

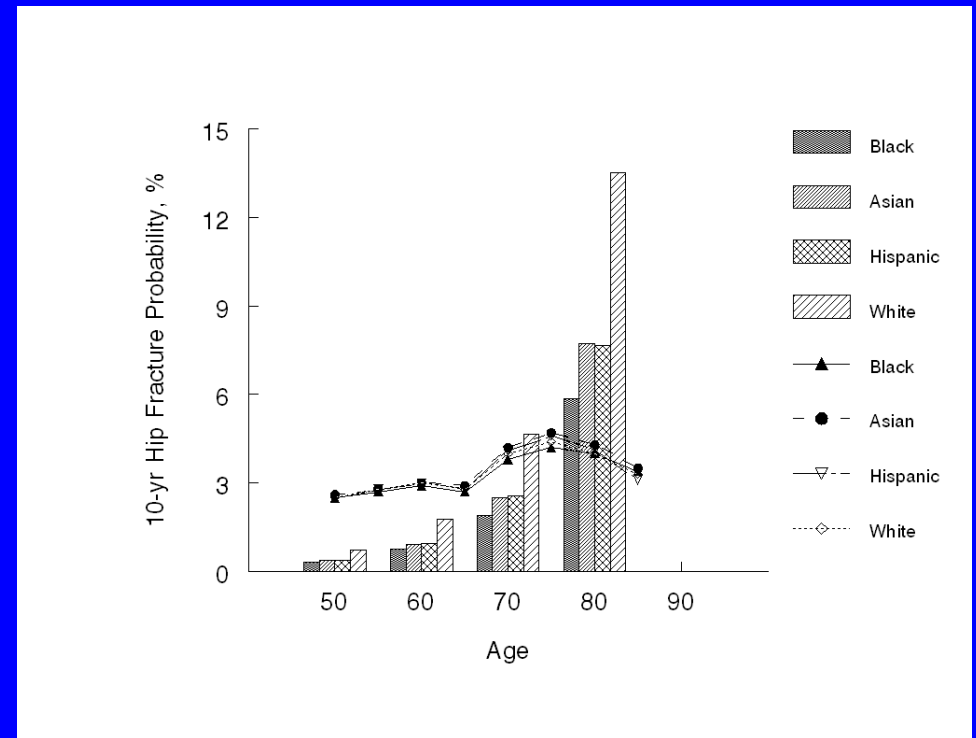
What Level of Risk Warrants Consideration for Therapy?

10-Yr Hip Fracture Probability and Treatment Thresholds in Average-risk Men and Women in the U.S. (NOF Guide)

Men



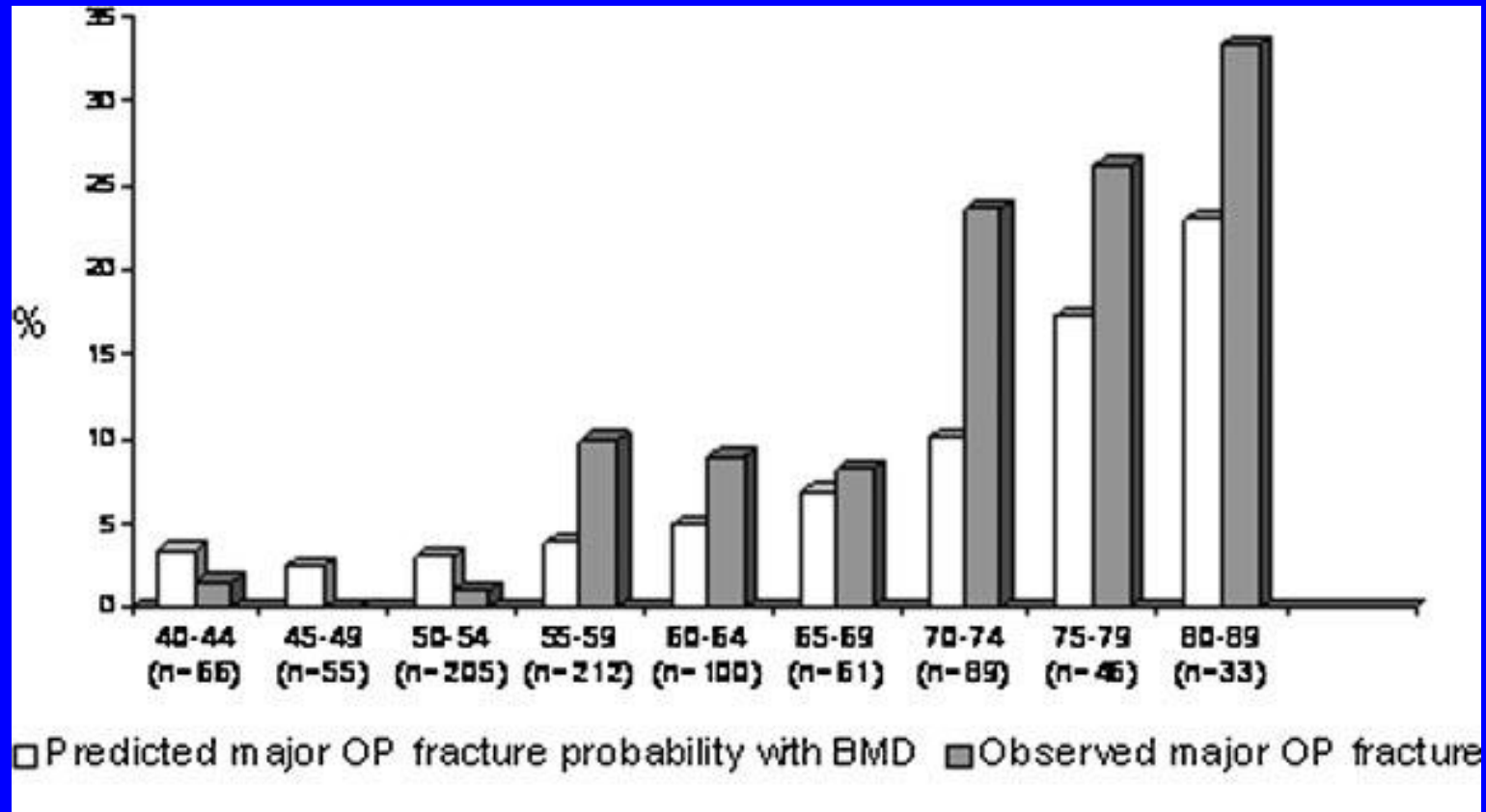
Women



Limitations of FRAX

- **Model pertains only to first fracture in the 10-year horizon**
- **Model pertains only to previously untreated patients**
- **Model uses fem neck BMD only**
- **Lacks detail on some risk factors**
- **Model doesn't include all important risk factors (e.g., falls)**

FRAX as predictor of major fracture in OFELY (867 women age ≥ 40 yrs; 10 yr F/U; 95 fxs)



Bazedoxifene efficacy increases with increasing FRAX major fracture probability

(3-yr RCT in 7492 women with prior vert fracture or a T score ≤ -2.5)

