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Letter to the Editor

# Identification of people with high risk of osteoporosis in Asia

We recognize the volume of work undertaken by Cheung et al [1] to identify people with a high risk of osteoporosis. As they say, such diagnoses are limited by the selective availability of dual energy X-ray absorptiometry (DXA) in various parts of the world. This is even more of a problem in non-metropolitan areas with resources concentrated in university hospitals [2].

When it is applied, though, it can be very helpful for management. More broadly, osteoporosis is a large public health issue. Combining the bone mineral density with clinical information facilitates much better prevention of clinical end-points such as fractures [3]. In that context, it is vital to select patients appropriately for testing, particularly given the scant resources [3].

As such, does this algorithm represent a significant advantage over widely utilized methods such as the Fracture Risk Assessment Tool (FRAX)? There are some other local models preferred by individual clinicians, such as the Garvan calculator. Realistically, Garvan is associated with overestimated hip fracture rates while FRAX is more conducive to underestimating osteoporotic and hip fractures [4]. By comparison, FRAX and the Osteoporosis Self-Assessment Tool for Asians have been found to perform comparably [5]. Are these (some using the option for a particular country or population) adequate already?

## Conflicts of interest

The authors declare no competing interests.

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