

# Correspondence

## Osteoporosis in Saudi Arabia

### To the Editor

Osteoporosis remains a global health problem associated with significant morbidity, mortality, and health care costs. The suggestion of establishing a fracture liaison service in Saudi Arabia by Alwahhabi is timely.<sup>1</sup> However, it should be part of a national strategy. In addition, addressing vitamin D deficiency, smoking, and promoting exercise are all pivotal not only in the treatment and prevention of osteoporosis but many other diseases that has plagued the Middle East, as well as many parts of the world. Moderate physical activity, for example, can help prevent and manage not only osteoporosis but more than 20 conditions and diseases, including coronary heart disease, some cancers, metabolic syndrome, type 2 diabetes, musculoskeletal disorders, such as back pain, mild to moderate depression, and obesity.<sup>2</sup> Individuals who increase their physical activity can significantly improve both their physical and mental wellbeing and reduce disease throughout life, in addition to improving life expectancy. A national audit programme is important in implementing any national guidance. On a more specific level, encouraging the use of the fracture risk assessment tool (FRAX) prior to requesting a dual energy x-ray absorptiometry (DEXA) scan saves time and money.

The term “osteopenia” implies disease and although it continues to be used, “low bone mass” or “low bone density” is preferred. People with low bone mass or density are not necessarily at high fracture risk. A recent study<sup>3</sup> has given clear guidance as to when a DEXA scan needs to be repeated if the result is either normal

**Table 1** - Repeating dual energy x-ray absorptiometry (DEXA) if the bone mass density (BMD) is normal or showing osteopenia.

BMD (T score)	Repeat DEXA in years
Normal ( $\geq 1$ )	15
Mild osteopenia (-1 to -1.49)	15
Moderate osteopenia (-1.5 to -1.99)	5
Severe osteopenia (-2 to -2.49)	1

or indicating osteopenia. The results indicate that osteoporosis would develop in less than 10% of older, postmenopausal women during rescreening intervals of approximately 15 years for women with normal bone density or mild osteopenia (T score -1 to -1.49), 5 years for women with moderate osteopenia (T score -1.5 to -1.99), and one year for women with advanced osteopenia (T score -2 to -2.49) (Table 1).

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### Reply from the Author

No reply was received from the Author

### References

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3. Gourlay ML, Fine JP, Preisser JS, May RC, Li C, Lui LY, et al. Bone-density testing interval and transition to osteoporosis in older women. *N Engl J Med* 2012; 366: 225-233.