

Intégration de FRAX[®] dans la pratique clinique

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Paris

ATELIER **FRAX[®]**

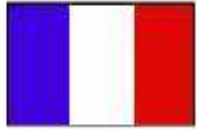
OUTIL D'ÉVALUATION DU RISQUE DE FRACTURE OSTÉOPOROTIQUE :
PRÉSENTATION DE L'OUTIL FRAX[®] ET CONSÉQUENCES PRATIQUES



International
Osteoporosis
Foundation



FRAX[®] tool



Weight Conversion:

pound:

Height Conversion:

inch:

Country : **France** Name / ID : [About the risk factors](#)

Questionnaire:

1. Age (between 40-90 years) or Date of birth
Age: Date of birth: Y: M: D:

2. Sex Male Female

3. Weight (kg)

4. Height (cm)

5. Previous fracture No Yes

6. Parent fractured hip No Yes

7. Current smoking No Yes

8. Glucocorticoids No Yes

9. Rheumatoid arthritis No Yes

10. Secondary osteoporosis No Yes

11. Alcohol 3 more units per day No Yes

12. Femoral neck BMD
Select

Un exemple



Weight Conversion:

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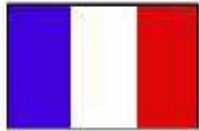
9. Rheumatoid arthritis No Yes

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11. Alcohol 3 more units per day No Yes

12. Femoral neck BMD
T-score

Risque absolu



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12. Femoral neck BMD
T-score

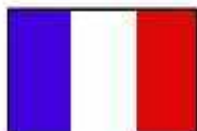
BMI 22.0

The ten year probability of fracture (%)

with BMD

Major osteoporotic	7.4
Hip fracture	3.2

Et en cas de fracture



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11. Alcohol 3 more units per day No Yes

12. Femoral neck BMD
T-score

BMI 25.4 

The ten year probability of fracture (%)

with BMD

Major osteoporotic	7.6
Hip fracture	1.7



Weight Conversion:

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[convert](#)

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[convert](#)

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11. Alcohol 3 more units per day No Yes

12. Femoral neck BMD

BMI 19.7

The ten year probability of fracture (%)

without BMD

Major osteoporotic	7.45
Hip fracture	1.84



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inch:

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12. Femoral neck BMD

BMI 18.8

The ten year probability of fracture (%)

without BMD

■ Major osteoporotic	25
■ Hip fracture	16



Weight Conversion:

pound:

[convert](#)

Height Conversion:

inch:

[convert](#)

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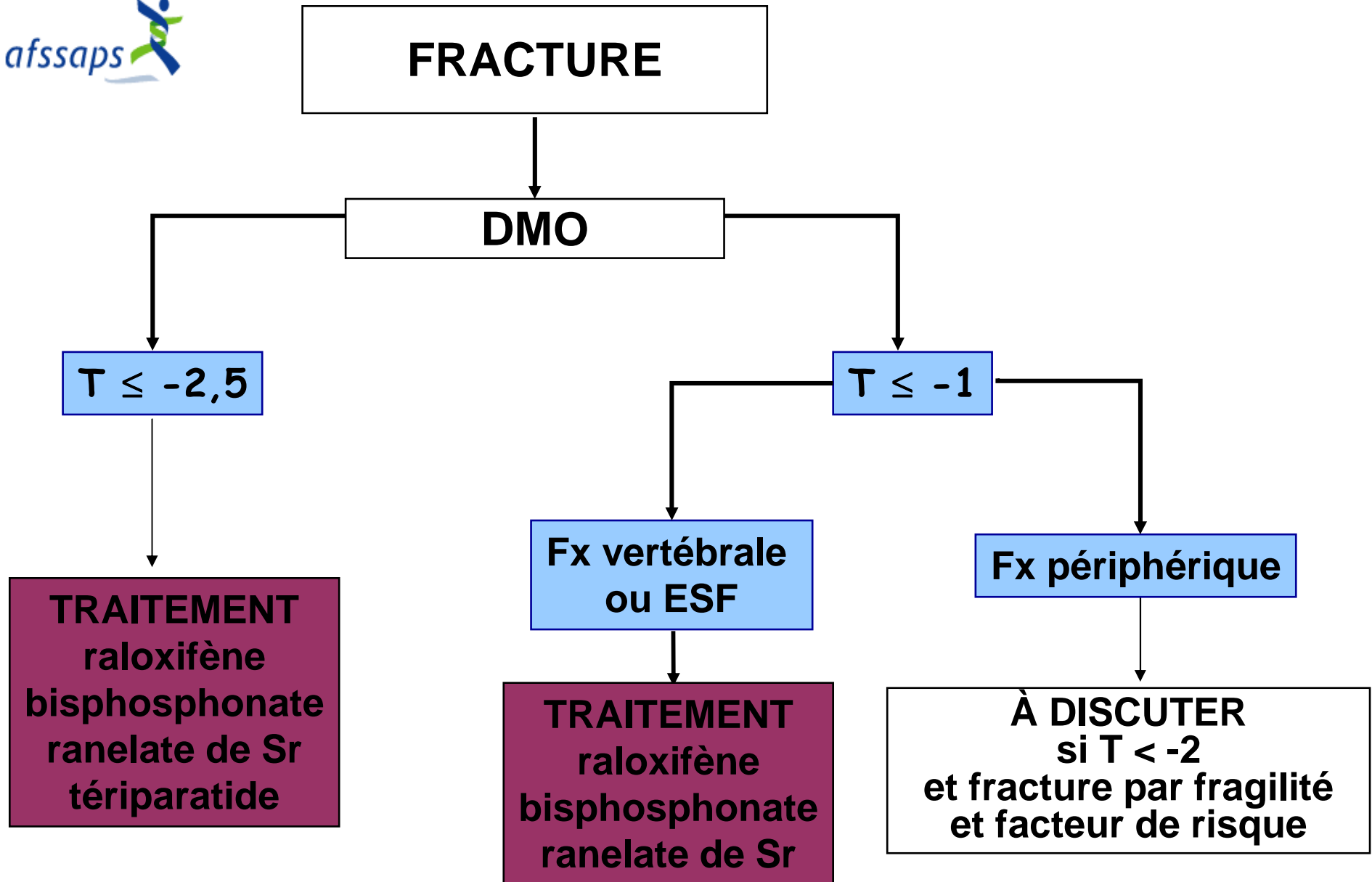
[Clear](#) [Calculate](#)

BMI 18.8

The ten year probability of fracture (%)

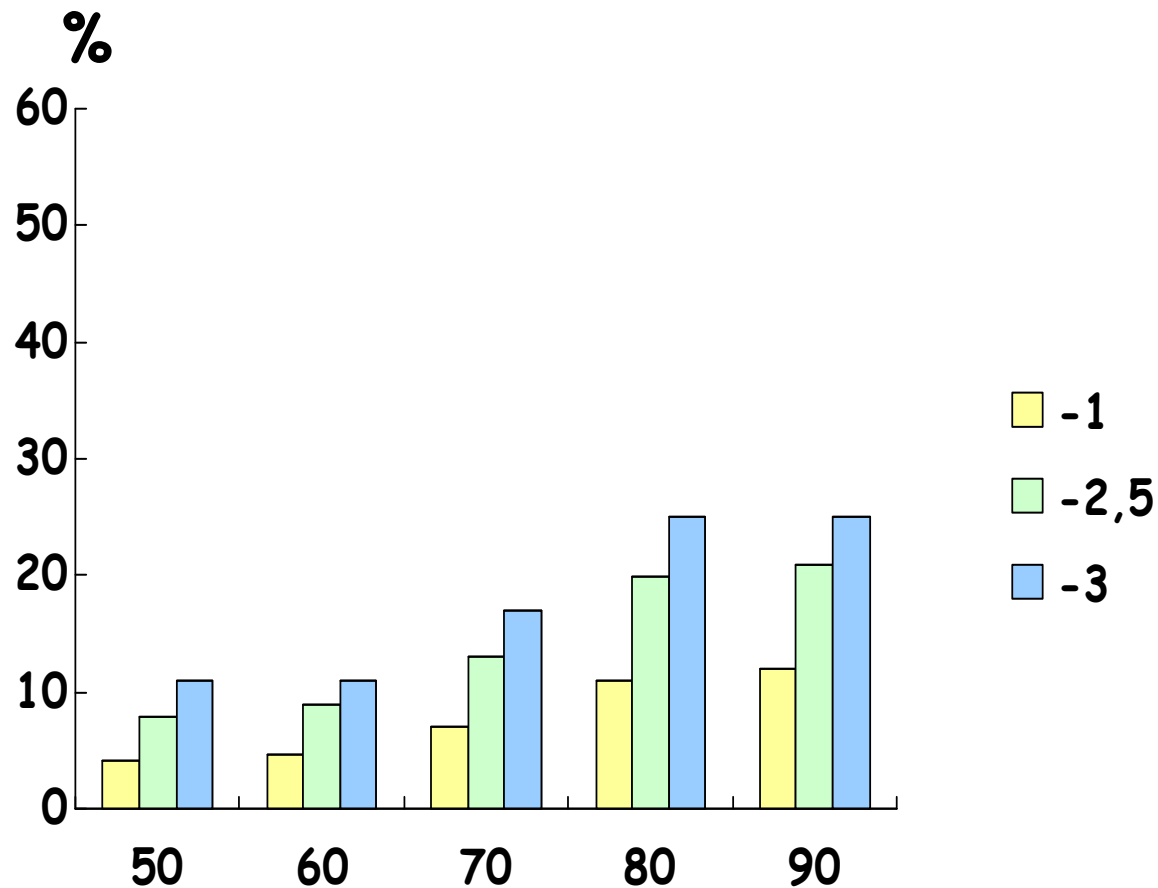
without BMD

Major osteoporotic	44
Hip fracture	32



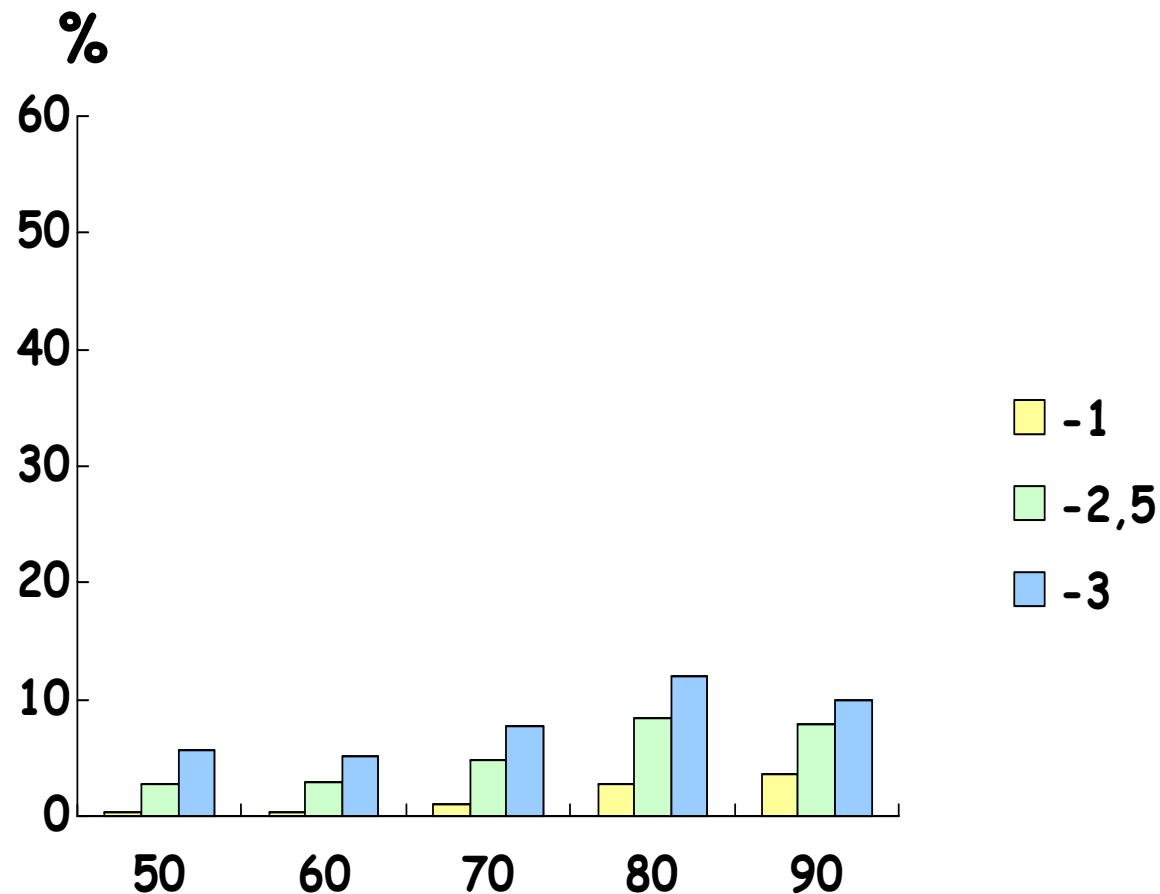
FRAX[®] en cas de fracture

Risque de fracture

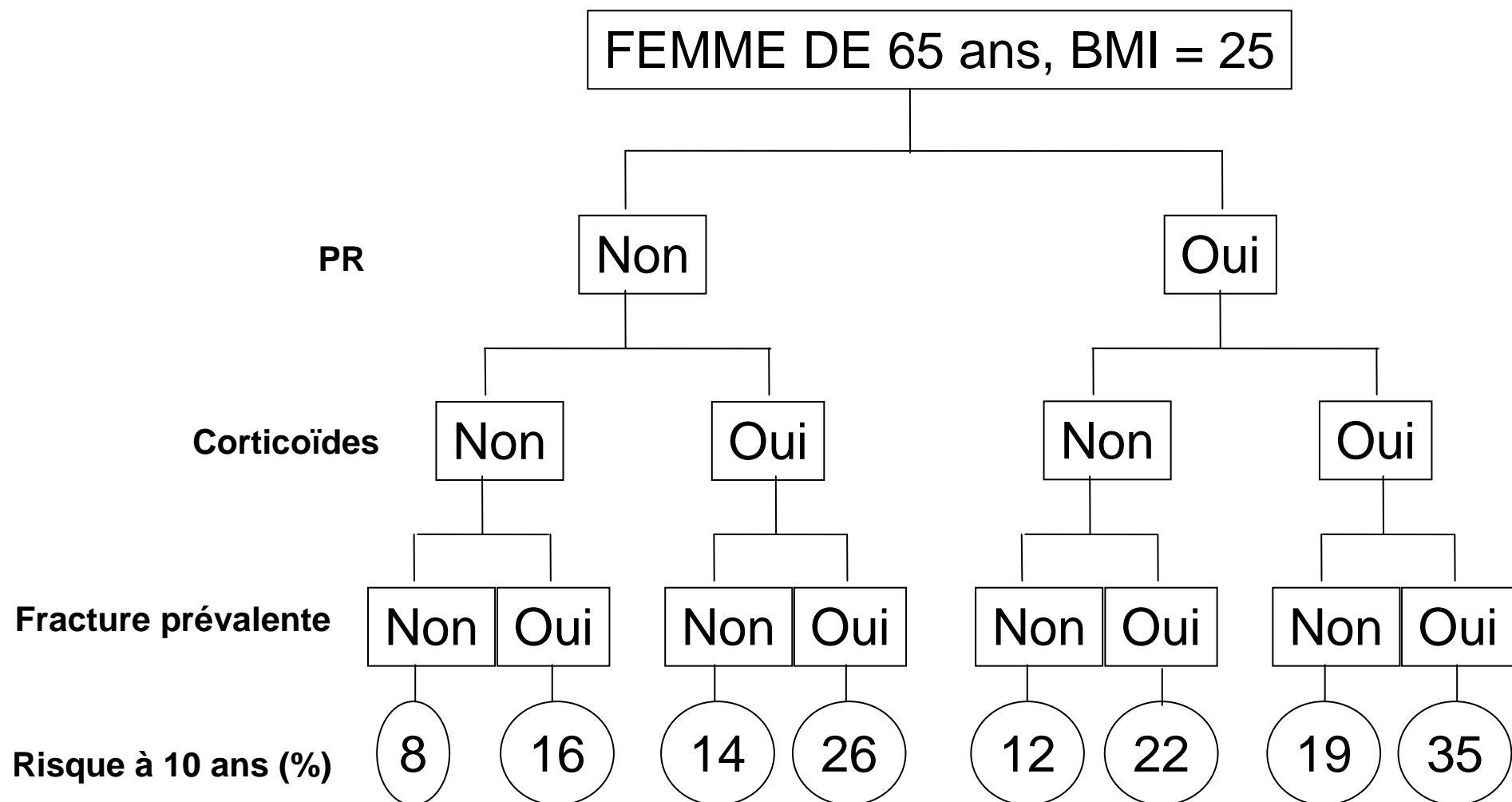


FRAX[®] en cas de fracture

Risque de fracture de l'ESF



Polyarthrite rhumatoïde



Kanis et al, Osteoporosis Int 2008

Remboursement avant fracture

➤ FEMMES MENOPAUSEES

- $T < -3$

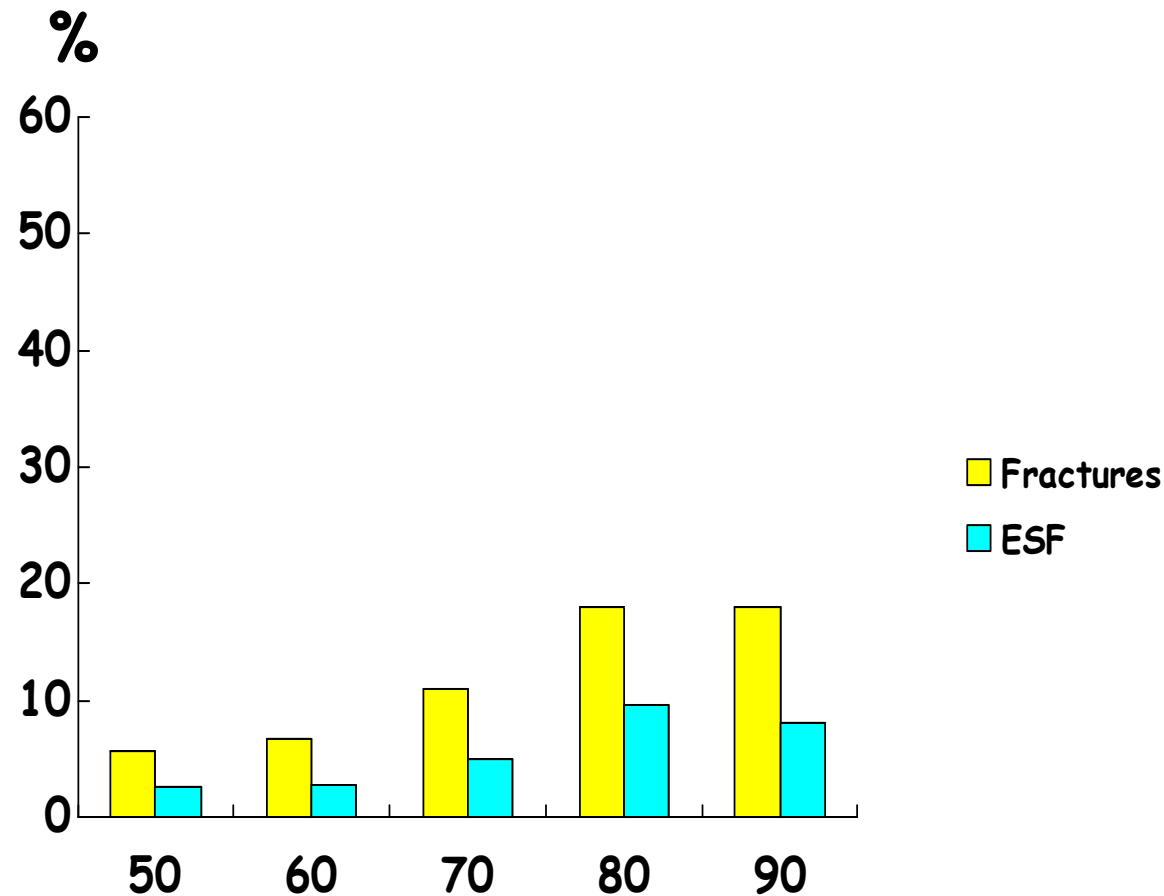
ou • $T \leq -2,5$

- Associé à d'autres facteurs de risque, en particulier :
 - . Âge > 60 ans
 - . Corticothérapie systémique ancienne ou actuelle ($\geq 7,5$ mg/j)
 - . IMC < 19
 - . ATCD fracture ESF mère
 - . Ménopause avant 40 ans

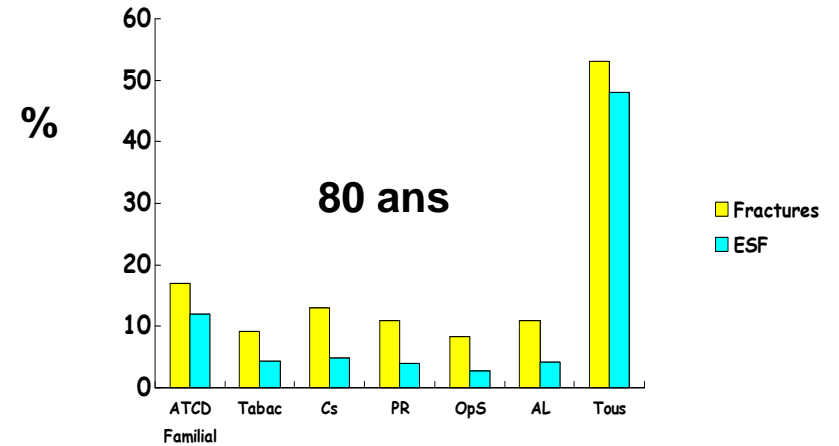
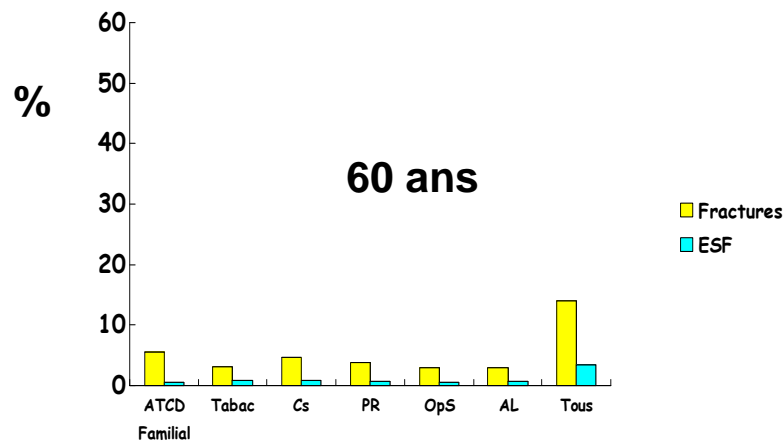
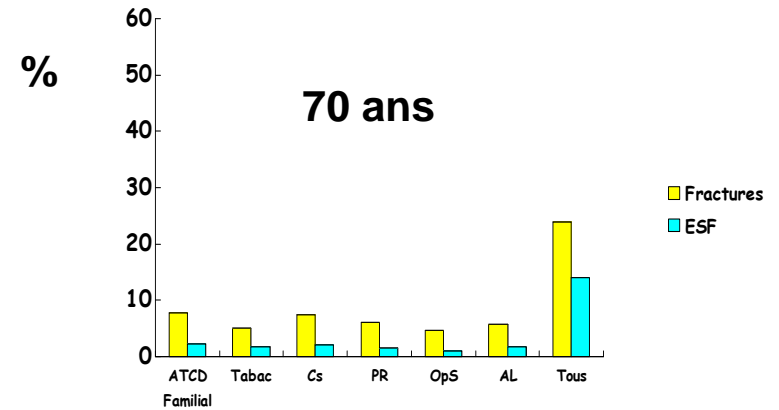
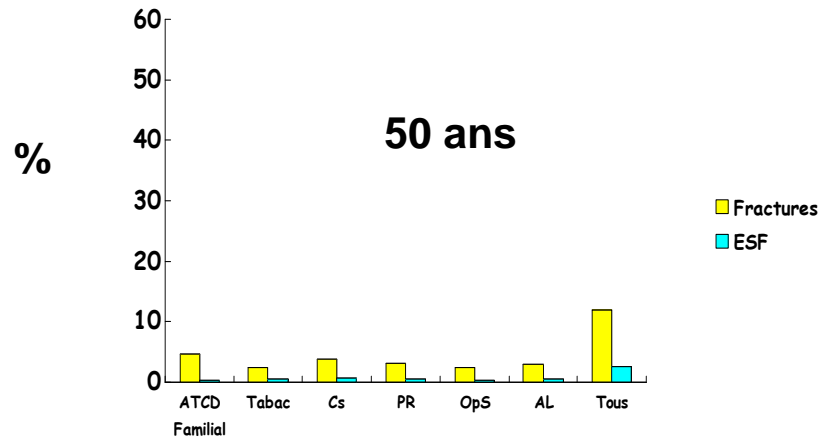
JO Octobre 2006

FRAX[®] patientes non fracturées

T = -3. Pas de facteur de risque

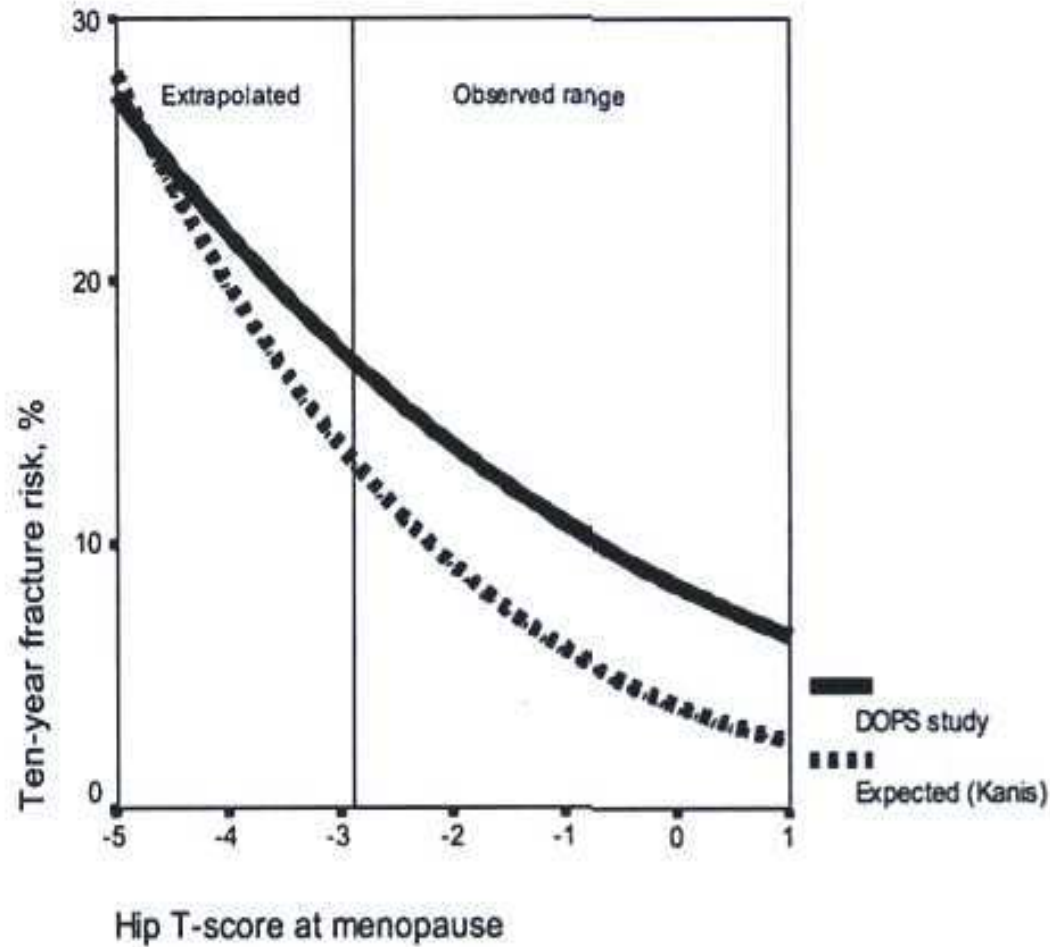


FRAX[®] patientes osteopeniques



Scores et réalité

N = 872
51 ± 3 ans
T = -0,5



Abrahamsen et al, JBMR 2006

Quels seuils

1 – Décision thérapeutique

- Seuil des essais cliniques

Risque à 10 ans

Rachis	15-20 %
ESF	5-7,5 %
Non vertébrales	10-15 %

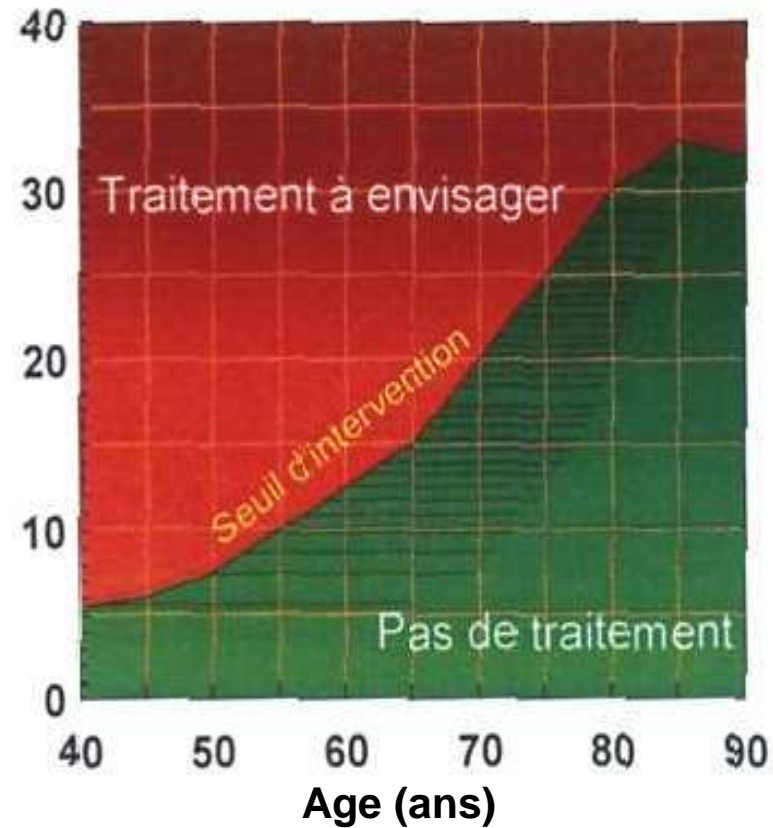
- Seuil équivalent au risque d'une patiente fracturée

2 – Seuil coût efficace

≥ 7 % (Angleterre, Générique, coût de QALY selon NICE)

Quel seuil

EVALUATION AVEC DMO



Kanis et al, 2008

Conclusion

1 – Enfin !

2 – Il y a des contre-indications à l'utilisation du FRAX®

- fracture
- corticothérapie
- $T < -3$

3 – En cas de doute...