thinks that the test is reasonably accurate and useful in the assessment of bone mass, although it does not address bone strength. Because many people over the age of 50 have arthritis of the spine, the spinal measurement is not as reliable as the hip reading.

To treat or not to treat

Dr. Prior has many patients who have gained bone mass without adopting drug therapy. She says it’s a “whole meal deal” that includes following all of the ABCs of bone health, and also getting a deoxypyridinoline (or D-pyr) urine test, which indicates the rate of bone resorption. If the D-pyr result is normal, drug therapy is unnecessary. However, if a woman in perimenopause has osteopenia, treatment may be needed, as bone loss is rapid from the time of irregular cycles up to four years after the final period.

Dr. Prior feels that many menopausal women with osteopenia who have never had a bone fracture will never develop osteoporosis. “What really matters are fractures. Every fracture that occurs with a force no more than a fall from standing height indicates osteoporosis. I take a fragility or low-trauma fracture very seriously, even if the BMD is normal.”

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