



Guidelines for the management of osteoporosis and fragility fractures

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Abstract

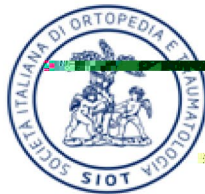
Background: The management of osteoporosis and fragility fractures is a complex task that requires a multidisciplinary approach. The aim of this guideline is to provide evidence-based recommendations for the management of these conditions. **Methods:** A systematic review of the literature was conducted, and the results were synthesized into a guideline. **Results:** The guideline covers the diagnosis, treatment, and prevention of osteoporosis and fragility fractures. **Conclusions:** The guideline provides a comprehensive overview of the current state of knowledge and offers practical recommendations for clinical practice.

Keywords: Osteoporosis · Fragility fractures · Guidelines

Inter-Society Commission for Osteoporosis



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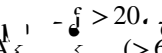



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Table 1. *Chlamydia* and *Neisseria* serotypes in the 1990s.

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(1) *w*_A = $\frac{f}{f - \varepsilon}$, $f = \frac{\pi}{\omega}$, $\varepsilon = \frac{\pi}{\omega_0}$

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2. $\frac{f}{f_0} < -\frac{f}{f_0}$ (B, $< 19 \frac{f}{f_0}$)
3. $\frac{f}{f_0} < -\frac{f}{f_0}$ (B, $< 19 \frac{f}{f_0}$)
4. $\frac{f}{f_0} < -\frac{f}{f_0}$ (B, $< 19 \frac{f}{f_0}$)
5. $\frac{f}{f_0} < -\frac{f}{f_0}$ (B, $< 19 \frac{f}{f_0}$)

$A \in \mathbb{R}^{n \times n}$ is a symmetric positive definite matrix, $b \in \mathbb{R}^n$ is a vector, and $x \in \mathbb{R}^n$ is a vector. The matrix A is defined by the entries $A_{ij} = \frac{1}{2}(\delta_{ij} + \delta_{ji})$, where δ_{ij} is the Kronecker delta. The vector b is defined by the entries $b_i = \frac{1}{2}(\delta_{i1} + \delta_{i2})$. The vector x is defined by the entries $x_i = \frac{1}{2}(\delta_{i1} + \delta_{i2})$.

Secondary osteoporosis

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Risk factors

Fracture risk is determined by a combination of factors, including age, sex, body mass index (BMI), and bone mineral density (BMD). The risk of fracture increases with age, particularly after the age of 50. Women are at a higher risk of fracture than men, and this risk is further increased in postmenopausal women. BMI is a measure of body fatness, and a low BMI is associated with an increased risk of fracture. BMD is a measure of bone strength, and a low BMD is associated with an increased risk of fracture.

(f) Age Fracture risk increases with age, particularly after the age of 50. The risk of fracture is higher in women than in men, and this risk is further increased in postmenopausal women.

(g) Family history of fragility fractures A family history of fragility fractures is associated with an increased risk of fracture. The risk of fracture is higher in individuals with a family history of fragility fractures than in those without.

(h) Previous fractures A previous fracture is associated with an increased risk of fracture. The risk of fracture is higher in individuals with a previous fracture than in those without. The risk of fracture is also higher in individuals with a previous fracture who have a low BMD.

(i) BMD BMD is a measure of bone strength, and a low BMD is associated with an increased risk of fracture. The risk of fracture is higher in individuals with a low BMD than in those with a normal BMD.

(j) Smoking Smoking is associated with an increased risk of fracture. The risk of fracture is higher in smokers than in non-smokers. The risk of fracture is also higher in smokers who have a low BMD.

(k) Immobility Immobility is associated with an increased risk of fracture. The risk of fracture is higher in individuals who are immobile than in those who are mobile.

(l) Comorbidities Comorbidities are associated with an increased risk of fracture. The risk of fracture is higher in individuals with comorbidities than in those without. The risk of fracture is also higher in individuals with comorbidities who have a low BMD.

(m) Risk factors for falls Risk factors for falls are associated with an increased risk of fracture. The risk of fracture is higher in individuals with risk factors for falls than in those without. The risk of fracture is also higher in individuals with risk factors for falls who have a low BMD.

Overall assessment of fracture risk

The overall assessment of fracture risk is based on a combination of factors, including age, sex, BMI, BMD, family history of fragility fractures, previous fractures, smoking, immobility, comorbidities, and risk factors for falls. The risk of fracture is higher in individuals with a combination of these factors than in those with fewer factors.

Statement of human and animal rights

Informed consent

Funding

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