

U.S. Preventive Services Task Force Issues Final Recommendation on Screening for Osteoporosis to Prevent Fractures

Screening for osteoporosis can help prevent fractures in women 65 and older and in younger women who have gone through menopause and are at increased risk

WASHINGTON, D.C. – January 14, 2025 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for osteoporosis to prevent fractures. The Task Force recommends that all women 65 years or older be screened for osteoporosis. **This is a B grade.** The Task Force also recommends screening women younger than 65 who have gone through menopause and are at increased risk of an osteoporotic fracture, as estimated by clinical risk assessment. **This is a B grade.** More research is needed on whether or not men should be screened for osteoporosis to prevent fractures. **This is an I statement.** This recommendation applies to adults who do not have a history of prior fragility fractures or health conditions that could lead to weakened bones.

Grades in this recommendation:

B: Recommended.

I: The balance of benefits and harms cannot be determined.

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Osteoporosis is a condition that causes bones to become thinner and weaker, resulting in fragile bones that break more easily than healthier bones. These breaks, also known as osteoporotic or fragility fractures, can result from a minor fall or injury that would not have caused a break in normal, healthy bone and can result in serious disability, chronic pain, loss of independence, and even death.

“Too often, the first sign of osteoporosis is a broken bone, which can lead to serious health issues,” says Task Force member Esa Davis, M.D., M.P.H. “The good news is that for women 65 years or older, as well as younger women at increased risk, screening can detect osteoporosis early—before fractures happen—helping women maintain their health, independence, and quality of life.”

Age, sex, and menopause status are all determining factors in who should be screened for osteoporosis. All women aged 65 years or older should be screened for osteoporosis using bone density measurement. A fracture risk assessment can be added as needed to help get a better understanding of their bone health. Women younger than 65 who have already gone through menopause and have at least one additional risk factor for osteoporosis should first have a risk assessment to determine whether they should then be screened. While men also can get osteoporosis, there is limited evidence on whether screening and current treatments prevent fractures in men.

“While screening can identify men who have osteoporosis, we need more evidence on whether or not screening and current treatments prevent fractures in men,” says Task Force vice chair John Wong, M.D. “The Task Force continues to call for more research in men and encourages anyone concerned about their bone health to speak with their clinician.”

In addition to the evidence gaps in men, the Task Force is calling attention to important health inequities related to screening for osteoporosis. Some risk assessment tools have limitations in predicting fracture risk for Black, Hispanic, and Asian populations. It is important that clinicians be aware of these limitations. Clinicians may also

want to consider additional risk factors to help inform discussions with their patients and determine whether screening or treatment for osteoporosis is needed.

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at <http://www.uspreventiveservicestaskforce.org>.

Draft versions of the recommendation statement and evidence review were available for public comment from June 11, 2024, to July 8, 2024.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Davis is a professor of medicine and family and community medicine, the associate vice president for community health, and the senior associate dean of population and community medicine at the University of Maryland School of Medicine. She is the lead health equity strategist for the University of Maryland Institute for Health Computing. Dr. Davis is also the director of the Transforming Biomedical Research and Academic Faculty Through Leadership Opportunities, Training, and Mentorship (TRANSFORM) program.

Dr. Wong is vice chair for Academic Affairs, chief of the Division of Clinical Decision Making, and a primary care physician in the Department of Medicine at Tufts Medical Center. He is also a professor of medicine at Tufts University School of Medicine and a master of the American College of Physicians.

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