Osteoporosis International
https://doi.org/10.1007/s00198-021-05843-4

LETTER TO THE EDITOR

Bone health in men: still suffer the gender gap

M.M. Sirufo [1,2] · L. Ginaldi [1,2] · M. De Martinis [1,2]

Received: 4 December 2020 / Accepted: 11 January 2021

Dear Editor,

We read with great interest the work by William D. Leslie et al. on the comparison of screening tools for optimizing fracture prevention, recently published in the journal [1].

As Osteoporosis Canada is going to update the Clinical Practice Guidelines, the authors, to give their contribution, compared multiple screening tools to recognize the best performing strategy to identify individuals qualifying for treatment. They discuss in a very compelling way as all screening tools show some ability to identify patients qualified for treatment and to stratify risk for incident fracture and conclude that the best performing strategy was FRAX-MOF without BMD using a cutoff of ≥10. The study population was conducted in all individuals (87% women) undergoing baseline DXA testing and then women aged ≥ 65. This study, although interesting and stimulating, reflects the gender gap that unfortunately widespread in the studies and clinical practice of the disease.

Osteoporosis is a predominantly female disease and is age related: a decreased bone mineral density is detected in 5% of people aged 50 and in 50% of people aged 85 and more than 75% of women aged ≥ 60 suffer from osteoporosis [2, 3].

Today, however, it becomes more and more evident that osteoporosis represents a significantly important health issue also for men. Men are not well represented in osteoporosis trials, and laboratory and clinical findings in male osteoporosis, as well as differences in safety and effectiveness of anti-osteoporotic drugs, are poorly recognized. All this implies that men are poorly studied, underdiagnosed, and inadequately treated, although males with osteoporotic fractures show most serious complications and greater mortality than females: men are still disadvantaged by the lack of a proper gender culture [3].

To date screening for osteoporosis in men is still rather restrictive, although several professional organizations suggest routine screening in older men. Recently, as is reported that insufficient evidence justifies this practice [4], was developed a simulation model to evaluate the long-term health and economic effect of screening with DXA followed by treatment in older men with history of falls and osteoporosis [5]. It is clear that further studies are needed to remove the gender gap on this field of medicine.

Primary, secondary and tertiary prevention measures in men are still delayed also for the lack of awareness, on osteoporosis and its potentially debilitating consequences.

In conclusion, we hope that our reflections may offer additional information to update and implement guidelines for osteoporosis screening in males, but above all to make a contribution to raise awareness not only in doctors but also in the population that osteoporosis is also a male issue.

Declarations

Conflicts of interest None.

References

1. Leslie WD, Lix LM, Binkley N (2020) Comparison of screening tools for optimizing fracture prevention in Canada. Arch Osteoporos 15(1): 170. https://doi.org/10.1007/s11657-020-00846-w
2. De Martinis M, Sirufo MM, Ginaldi L (2019) Osteoporosis: current and emerging therapies targeted to immunological checkpoints. Curr Med Chem 27:6356–6372. https://doi.org/10.2174/0929867326666190730113123
3. De Martinis M, Sirufo MM, Polsinelli M, Placidi G, Di Silvestre D, Ginaldi L (2020) Gender differences in osteoporosis: a single-center observational study. World J Mens Health 38:e62. https://doi.org/10.5534/wjmh.200099
4. US Preventive Services Task Force. Final recommendation statement: osteoporosis to prevent fractures: screening. Published June 26, 2018.
5. Ito K (2020) Cost-effectiveness of screening for osteoporosis in older men with a history of falls. JAMA Netw Open 3(12):e2027584. https://doi.org/10.1001/jamanetworkopen.2020.27584

✉ M. De Martinis
demartinis@cc.univaq.it

[1] Department of Life, Health and Environmental Sciences, University of L'Aquila, Piazzale Salvatore Tommasi n. 1, 67100 L'Aquila, Italy

[2] Allergy and Clinical Immunology Unit, Center for the Diagnosis and Treatment of Osteoporosis, AUSL 04, Teramo, Italy

Published online: 02 March 2021