



## Clinical guide to referring patients for a DXA scan

### **DXA scanning is the test of choice for measuring bone density.**

If you suspect your patient has a vertebral collapse or osteoporotic fracture a plain x-ray is the test of choice.

DXA is indicated for patients who have the following risk factors for osteoporosis:

1. Recent fracture of wrist, humerus or spine
2. Parental hip fracture
3. Radiological osteopenia
4. Inactive lifestyle
5. Smoking
6. High alcohol intake
7. Early untreated menopause (<45 years)
8. Long term use of steroids or thyroxine
9. Low body mass (BMI less than 19kg)
10. Coeliac disease
11. Chronic liver disease
12. Type 1 diabetes
13. Rheumatoid arthritis
14. Hypoparathyroid / hyperthyroid disease

It is best practice to work out patients risk of fracture from the FRAX and include the score on the referral.

The scan will measure density of the spine and proximal femurs (both are scanned, so that if on follow up scans the patient has had one replaced, a rate of change can still be plotted)

Standard central/axial DXA examination of PA spine and proximal femur scans will normally be taken. Anatomic areas of known prior fracture or prior surgery will be excluded from measurement.

Peripheral scanning of the distal radius and ulna or calcaneum may be used in triage but is not a substitute for an axial image. We are not offering this.

If treatment of osteoporosis is initiated then repeat scans should be done after 18 – 24 months to monitor efficacy of treatment. Ideally the repeat scan should be done on the same machine.