

# Understanding your bone density scan (DEXA / DXA) results

You may get your bone density scan (DXA / DEXA) results by email, text, letter, or during an appointment with a healthcare professional.

Here we provide an overview of what is usually included in your results and explain some key terms.

## 1) Reason for referral

Your results usually include information on why you had the scan. You may have:

- had a fracture risk assessment – a questionnaire used by doctors to understand your bone strength. It is sometimes called FRAX or QFracture.
- risk factors – something that increases your chance of having osteoporosis, such as a broken bone or family history.
- had a scan before, which recommended you have a repeat scan, to monitor changes over time.

## 2) Diagnosis and results summary

Your results should include your bone density score **and** your fracture risk assessment results. These results help your healthcare professional decide the next steps of your treatment.

Your bone density score will say if your bone density is normal, low (osteopenia) or very low (osteoporosis).

Your fracture risk assessment result is your chance of breaking a bone in the next 10 years. This is usually given as a percentage. For example, your fracture risk might be 15%. This means that, if there were 100 people with similar risk factors to you, over the next 10 years, 15 would break a bone. 85 of the 100 people would not break a bone.

Your results may include the following phrases:

- **Bone mineral density (BMD) / bone density** - How solid the inside of your bones are. Your bone density is just **one** factor that helps us to understand the strength of your bones.
- **Major osteoporotic fracture risk** – Your chance of breaking a wrist, hip, spine or arm bone.
- **Hip fracture risk** – Your chance of breaking your hip.
- **Increased (high or very high) fracture risk** - Your chance of broken bones is higher than expected for someone of your age.

### 3) Clinical interpretation and recommendations

Recommendations may include:

- starting an osteoporosis medicine – these may be called bone strengthening medicines, anti-resorptive or bone therapies
- further medical tests, such as blood tests
- lifestyle advice such as food, supplements and exercise.

Your results may say **treatment threshold**. This is the point at which your fracture risk results suggest you would benefit from a medicine.

### 4) Follow up and monitoring

Your results should tell you if you would benefit from a follow-up scan and when that will be.

### 5) Technical information

The parts of your body that **may** be scanned include:

- **Femoral neck** – Your femoral neck is the top of your thigh bone. It is sometimes called the ‘neck of femur’ or ‘NOF’. Despite its name, it is not related to your neck.
- **Total hip** – Your whole hip area, which includes the femoral neck.
- **Anteroposterior (AP) spine or total lumbar spine** – Your lower spine
- **L1- L4** – This refers to the bones in your lower spine (lumbar). Your spine is made up of many spinal bones called vertebrae. Each vertebra is numbered.

The bone density scores may include:

- **T-scores** – T-scores decide whether your bone density is in the normal, osteopenia or osteoporosis range. It compares your bone density to the normal range found in young adults. Your T-score will normally be a minus number (-). The lower the number, the less dense your bones are. A T-score of -3 is lower than -2.
- **Z-score** – Z-scores compare your bone density to people of the same age as you. It is often useful for looking at the bone strength of children and adults under 50.

For more information about bone density scans, visit [theros.org.uk/DXA](https://theros.org.uk/DXA)

Thank you to **Keele University** for their support in developing this information.