

 OSTEOPOROSIS

Community-based screening reduces hip fracture risk

Despite the development of effective treatments and risk assessment methods, population-based screening for osteoporotic fracture risk is controversial. Findings from the screening for prevention of fractures in older women (SCOOP) trial now show that a two-step, community-based screening programme reduces the risk of hip fractures over a 5 year period in older women.

A total of 12,483 women aged 70–85 years were randomized to either the screening group ($n=6233$) or the control group ($n=6250$), the latter of which received usual management. In the screening group, fracture risk was assessed using the

Fracture Risk Assessment Tool (FRAX) followed by BMD measurement using dual-energy X-ray absorptiometry (DXA); treatment was recommended for those identified as high risk ($n=898$; 14%). The primary outcome was the proportion of women with ≥ 1 osteoporotic fracture at 5 years, and the prespecified secondary outcomes were the proportion of women with ≥ 1 hip fracture, any clinical fracture, mortality, screening-related anxiety and quality of life.

The use of anti-osteoporotic medication was higher in the screening group than the control group at 1 year (15% versus 4%, respectively) and 5 years (24% versus 16%, respectively), and uptake was

particularly high (78%) at 6 months in the high-risk screening subgroup. At 5 years, the primary outcome did not significantly differ between the screening and control groups (HR 0.94, 95% CI 0.85–1.03, $P=0.178$). However, screening led to a 28% relative reduction in hip fractures compared with usual care (HR 0.72, 95% CI 0.59–0.89, $P=0.002$). Screening did not reduce the overall incidence of the prespecified secondary outcomes.

Despite no reduction in overall fracture risk, and although cost-effectiveness analyses are ongoing, the findings offer strong evidence that systematic, community-based screening might reduce hip fractures in older women.

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ORIGINAL ARTICLE Shepstone, L. *et al.* Screening in the community to reduce fractures in older women (SCOOP): a randomised controlled trial. *Lancet* [http://doi.org/10.1016/S0140-6736\(17\)32640-5](http://doi.org/10.1016/S0140-6736(17)32640-5) (2017)