TuSalud

Men Are Frequently Underdiagnosed for Osteoporosis

Scientists recommend more consistent osteoporosis screening for adult males.

November 12, 2020 By Alicia Green

Women are more likely to have osteoporosis—a disease characterized by a loss of bone mass, resulting in thinner, weaker bones that are more likely to break and fracture. But men also develop the condition.

A new study presented at the annual meeting of the American College of Rheumatology reveals that many older males with fractures are frequently underdiagnosed with or undertreated for osteoporosis.

For women, bone loss accelerates during menopause. However, for men, this decrease in mass occurs more significantly starting at age 70.

The investigation included 9,876 Medicare beneficiaries who suffered from an osteoporosis-related fracture between 2010 and 2014. Most participants were over age 75 and white and experienced fractures in the spine, hip and ankle.

Findings showed that about 92% of participants with a qualifying fracture hadn't had a dual-energy X-ray absorptiometry (DXA) test—the standard bone density scan—or a prescription for osteoporosis treatment in the two years prior to their fracture.

At the start of the study, 2.8% of participants were tested for osteoporosis and not treated, 2.3% received treatment but weren't tested and only 2.1% were both treated and tested for the condition. Researchers also found that the decline in DXA tests from 2012 to 2014 was significantly higher among men 75 years and old, a group at greater risk for fracture.

As a result of these findings, scientists concluded that targeted osteoporosis screening and therapies that identified high-risk male patients earlier would greatly benefit these individuals.

"There is a need for consistent osteoporosis screening recommendation in men," said Jeffrey Curtis, MD, MPH, a professor at the University of Alabama at Birmingham and the study's coauthor. "Incorporation of these recommendations in quality-of-care measures for osteoporosis management and post-fracture care are warranted to improve health outcomes in this population."

He noted that the World Health Organization, American Association of Clinical Endocrinologists, National Osteoporosis Foundation (NOF), United States Preventive Services Task Force and the American Academy of Family Physicians recommend that women be screened for osteoporosis over age 65. However, except for NOF, no other medical groups offer such guidelines for men. (NOF advises men over 70 and those between ages 50 and 69 who are at high-risk to be screened for osteoporosis.)

Curtis suggested that the next area of inquiry for researchers is finding a better way to identify patients at high risk for osteoporosis. This could be accomplished by observing individuals with multiple illnesses with shared causes or risk factors that may help diagnose and treat the condition earlier.

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