Consequently, Depo-Provera should be reversible after discontinuing use. Experience a significant decrease in vertebral density (BMD) by the FDA and remains a safe and effective method of use of the injectable contraceptive.

Mineral density loss with long-term use of the contraceptive may be considered among the risk factors for development of osteoporosis, Pfizer noted in a statement. Additional clinical research was initiated in 1990s to clarify the effects noted in a statement. According to Vance J. Bray, M.D., of the Denver Arthritis Clinic, in a report in the ISCD newsletter, OsteoWise. Such vertebral deformities are present in about one-third of women over age 65 and are highly related to increased risk of spine and hip in independent of a patient’s bone density, according to Hologic Inc., one of two manufacturers of the dual-energy x-ray absorptiometry (DXA) systems covered under the new code. Women with such fractures also have less ability to perform daily activities and a significantly higher morbidity, the company added.

Vertebral fracture assessment (VFA) with the code, physicians will have the opportunity to accurately evaluate a patient’s future fracture risk and thus improve diagnostic accuracy. The Health Insurance Portability and Accountability Act of 1996 requires that the most current code be used in all covered health care transactions, and the new code must be used for dates of service as of Jan. 1, 2005. The Centers for Medicare and Medicaid Services reimbursement for vertebral fracture assessment is set for a national average of about $40, according to Dr. Bray. The CPT is a continually updated listing of descriptive terms and identifying codes developed and maintained by the American Medical Association, which recently approved implementing the new code for physicians to diagnose vertebral fractures. Physicians use CPT codes to refer to standard of analysis for measurement of vertebral fracture assessment are being developed by an ISCD task force and will be discussed at the 2005 ISCD Position Development Conference in Vancouver, B.C., in July, according to Dr. Bray.

DXA has been called the “gold standard” of analysis for measurement of bone mineral density and will continue to be covered by code 76075 for that purpose.

Depo-Provera Receives a Black Box Warning for Bone Mineral Density Loss

BMD Early in Menopause Predicts 10-Year Bone Health

HARBORAGE, ENGLAND — A single bone mineral density measurement early in menopause is a strong predictor of future bone status in women not considered at risk for osteoporosis, a study has shown. Despite various rates of bone mineral loss among individuals and measurement sites, baseline bone mineral density measurements of 766 women from the Danish Osteoporosis Prevention Study predicted 75% of the variation in lumbar spine bone mineral density and 74% of femoral neck bone mineral density variation over 10 years, reported Bo Abrahamsen, M.D., at the annual conference of the National Osteoporosis Society. The None of the women in the investigation were receiving hormone therapy or treatment with antiresorptive drugs. The baseline scans were acquired within 2 years of menopause. Baseline lumbar spine T-scores greater than –1.2 were associated with a 90% negative predictive value for developing osteoporosis over the course of 10 years. However, a lumbar spine T-score greater than 0.5 had a negative predictive value of 100%.

A baseline femoral neck T-score greater than –1.7 had a 90% negative predictive value for femoral neck osteoporosis. "No women developed femoral neck osteoporosis in the absence of baseline femoral neck osteoporosis," said Dr. Abrahamsen of Odense (Denmark) University Hospital. At baseline, having a lumbar spine T-score greater than –3.0 or a femoral neck T-score greater than –0.3 was associated with a 90% negative predictive value for osteoporosis of the lumbar spine and/or the femoral neck.

"Women with lumbar spine osteopenia at baseline had a 46% risk for developing osteoporosis of the femoral neck or lumbar spine," explained Dr. Abrahamsen.

At the same time, fewer than 10% of women whose T-scores of the spine or femoral neck dipped below –2.5 within 10 years had spinal osteopenia at their initial visit, he said. The findings support the role of bone density measurements in the first years after menopause, Dr. Abrahamsen said.

"There is an increasing demand for [bone density measurement] with the onset of menopause due to concerns about the safety of hormone replacement therapy and a possible need for considering other treatment," he said. "We know that, despite the fact that the average rate of bone mineral loss is only a few percent per year, there is much individual variation in those rates," Dr. Abrahamsen said.

"These results tell us that much of the variation in future bone mineral density can be predicted by baseline bone mineral density," Dr. Abrahamsen added.

As such, baseline measures should be considered for long-term treatment planning, Dr. Abrahamsen concluded.

Vertebral Fracture Assessment Now Has Its Own CPT Code

BY MARK S. LESNEY

Medicare has agreed to reimburse for vertebral fracture assessment by dual-energy x-ray absorptiometry using the newly approved CPT code 76077, according to the International Society for Clinical Densitometry.

"Vertebral fractures are a powerful barometer in predicting future bone fracture risk," said Robert Lewiecki, M.D., osteoporosis director of the New Mexico Clinical Research & Os- teoporosis Center in Albuquerque, and president of the ISCD. "The new code gives physicians the opportunity to accurately evaluate a patient’s future fracture risk and therefore improve the accuracy of the diagnosis. Vertebral fracture assessment is a major risk factor for future fragility fractures. "Vertebral fractures are present in about one-third of women over age 65 and are highly related to increased risk of spine and hip in independent of a patient’s bone density," according to Hologic Inc., one of two manufacturers of the dual-energy x-ray absorptiometry (DXA) systems covered under the new code. Women with such fractures also have less ability to perform daily activities and a significantly higher morbidity, the company added.

Vertebral fracture assessment (VFA) also is a more sensitive measure of identifying osteoporosis than bone mineral density analysis. "Based upon BMD alone and the central site measured, 11%–18% of women with vertebral fractures would have been classified as normal," according to Vance J. Bray, M.D., of the Denver Arthritis Clinic, in a report in the ISCD newsletter, Os- teofax. Such vertebral deformities are present in about one-third of women over age 65 and are highly related to increased risk of spine and hip in independent of a patient’s bone density, according to Hologic Inc., one of two manufacturers of the dual-energy x-ray absorptiometry (DXA) systems covered under the new code. Women with such fractures also have less ability to perform daily activities and a significantly higher morbidity, the company added.

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As such, baseline measures should be considered for long-term treatment planning, Dr. Abrahamsen concluded.

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