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Literature Abstract

Can the FRAX tool be a useful aid for clinicians in referring women for periodontal care?

The authors looked at the relationship between FRAX (World Health Organization Fracture Risk Assessment Tool) scores and periodontal health and tooth loss in postmenopausal women. A total of 179 participant charts from the Case/Cleveland Clinic Postmenopausal Wellness Collaboration's 853-sample database, which satisfied the inclusion criteria, were selected. These charts were divided into major osteoporotic fracture risk group (FRAX scores \geq 20%) and control group (FRAX scores < 20%), 90 and 89 charts, respectively. Quantitative signs of periodontitis including plaque score (PS), probing depth (PD), bleeding on probing (BOP), and tooth loss were obtained from the charts. Clinical attachment loss (CAL) was calculated. Alveolar bone height (BH) between teeth was recorded from radiographic records. The authors found that there were significant differences between the two groups in PD (mean \pm SD: 2.75 \pm 0.66 versus 2.2 \pm 0.57); CAL (3.15 \pm 0.78 versus 2.73 \pm 0.66); BH (0.58 \pm 0.03 versus 0.60 \pm 0.02); and tooth loss (5.6 \pm 1.96 versus 3.84 \pm 1.94). However, PS and BOP did not differ significantly, which supported the opinion that the significant difference in periodontitis severity is related to a difference in susceptibility in the major osteoporotic fracture risk group. The authors concluded that the FRAX tool might be a useful aid for clinicians in referring postmenopausal women for periodontal care. The article used the data collected from participant charts; it was unknown whether the clinicians were calibrated or whether intraoral radiographs were taken in a standardized method.

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