



FRAX® - WHO RISK ASSESSMENT TOOL

The development of country* models

Country models are derived from country-specific epidemiological data of osteoporotic fractures incidence and mortality rates. The required data include the best available incidence data of hip fracture rates in the country, ideally from age 40 onwards and split into 5-year age bands. Incidence data on clinical spine, forearm, hip or shoulder fracture should also be provided, where these are available. The relationship between hip fracture incidence and the other major fractures are otherwise assumed to be similar to the relationship found in the Swedish population, for which there has been extensive research. The data should be country-wide; however, regional or centre-specific data may be sufficient if this is representative enough of the country. Models are usually developed in collaboration with the major national bone societies in the country. An estimated timeline of 6 months is then necessary before the data goes through the development, checking and approval process and the country model becomes available on the FRAX® website, bone densitometers, i-phone and i-pad.

**country also denotes political regions/territories*