

Thank you for your interest in FRAX. In order to construct a FRAX model for any country we would need information on the risk of death and the risk of fracture. For the risk of death, we would normally take UN data, unless local data are available from Government sources.

For the risk of fracture, the minimum requirement is the incidence of hip fracture in men and in women in 5-year age intervals from the age of 50 years. If possible, data from the age of 40 years is preferred since FRAX is intended to be used from that age.

If possible, it would be helpful to have the number of hip fractures and the population at risk in the same categories of age.

Age (years)	Number of hip fractures	Population at risk	Incidence (/1000)
40-44			
45-49			
50-54			
55-59			
60-64			
65-69			
70-74			
75-79			
80-84			
85-89			
90-94			
95-100			

Data should be for a specified year, preferably the most recent year.

If data are available for several years, then information as above is very useful for each year.

National data are preferred over regional data.

Let us know whether double counting for multiple admissions for the same fracture has been avoided.

If possible, include high and low energy fractures (but flag them)

Epidemiological information on other fracture outcomes is also welcome.

If you don't have reliable data on other major osteoporotic fracture, we would suggest basing the FRAX model on hip fracture risk and imputing the risks of the other major osteoporotic fractures from Malmo, Sweden. This is a method by which we have created FRAX models with limited epidemiology.

Please give a short description of the data source, validity and national representation

An important consideration is that experts in the country and relevant Societies and government agencies have confidence in the data on fracture incidence in your country.