tively cost-effective. And barriers to compliance with long-term therapy cast doubt on whether the potential benefits, even if they are accurately forecast, will be achieved in practice.

The only condition under which BMD screening would become more cost-effective than giving HRT to everyone would be if it were shown, first, that there are no heart disease benefits from HRT and, second, that hip fractures and other osteoporotic fractures had a dramatic effect on quality of life. There are no data on quality-adjusted life years in persons with hip fracture or other osteoporotic fractures.

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