OSTEOPOROSIS AND WOMEN’S HEALTH
A Resource from the American College of Preventive Medicine

A Guide for Patients
Strengthen Bones Today – A Brighter Future Tomorrow

Are you concerned about osteoporosis?

If you’re like most women, you know that osteoporosis means weak bones, but you’re not overly concerned about it. Two out of three women believe that it is not a real threat to them, and certainly not as serious as breast cancer or heart disease.

Would it surprise you to hear that:
- 80% of osteoporosis occurs in women.
- 10% to 20% of women over 50 already have osteoporosis.
- Another 50% have low bone mass (formally known as osteopenia) - on the way to osteoporosis, but not there yet.
- About half of women will suffer an osteoporosis-related fracture in their lifetime, of which there are 2 million every year.
- Only 2 of every 5 who experience a hip fracture ever regain the level of independence they had before the fracture, 1 in 5 must go into a nursing home, and another 1 in 5 die within a year.
- A woman’s risk for hip fracture is equal to her combined risk for breast, uterine and ovarian cancer.

A big problem is that osteoporosis is silent. There are no symptoms of bones becoming weaker … until a fracture occurs, often with minimal trauma. Most fractures occur before osteoporosis is ever diagnosed.

What You Need to Know About Your Bones
Bones are living tissue. They are constantly being broken down and replaced with new bone. Osteoporosis occurs when bones are broken down faster than they are replaced.

Bones are our body’s storehouse for calcium. Calcium is essential to build new bone, but our body uses it for other purposes as well. As we get older, we lose calcium at a faster rate and usually take in less of it in our diet. Vitamin D helps our body absorb calcium, improves muscle strength and assists in the building of new bone.

For women, estrogen is a key factor. It controls how fast bones are broken down. When estrogen falls, bone loss speeds up. Another factor is how active we are, how strong our muscles are. When muscles weaken so do bones, and the risk of falling increases too.

Osteoporosis and low bone mass can be diagnosed with a bone density test, called DXA. It is a simple, painless 10 to 15 minute scan of your hip and lower back that involves only a tenth of the radiation of a chest x-ray. Your risk for a fracture can be estimated by combining your bone density with your other risk factors.
Two Key Questions to Ask Yourself and Your Doctor

1. Am I at risk for osteoporosis, and
2. What am I doing about it?

Are you at risk?
The strongest risk factors are age and estrogen status. This is why there is consensus that all women should have their bone density tested at age 65. Before menopause, bone density testing is not recommended unless the ovaries are not functioning normally (due to surgery, disease, eating disorder, extreme weight loss, excessive physical training, etc).

For postmenopausal women under age 65 and for women in the menopause transition, the decision to have bone density testing depends on your risk factors. There are many risk factors for osteoporosis -- the more you have, the greater the risk. The greater your risk, the more important it is to know your bone density. Most medical organizations recommend testing if you have one or two risk factors beyond lack of estrogen.

Other risk factors include:
- Early menopause (mid to late 40s)
- Surgery to remove ovaries before menopause
- Not getting enough calcium or vitamin D
- Not getting enough exercise
- Smoking
- Osteoporosis in your family
- Alcohol abuse
- Thin body and small bone frame
- Fair skin (Caucasian or Asian race)
- Previous low trauma fracture
- Hyperthyroidism
- Long-term use of oral steroids

It’s important to ask your doctor about your risk for osteoporosis because some other medical conditions and medications can also contribute to bone loss.

What are you doing about it?
Bone mass peaks in the late 20s or early 30s. After that, it’s a matter of preserving what you have. This should be a priority for all women. It is largely a matter of a healthy lifestyle.

Do you have a bone healthy lifestyle?
It involves three factors:

1. Getting daily the recommended amounts of calcium and vitamin D
   - Most women do not get enough of either. Calcium is the building block and Vitamin D helps your bones use calcium. After menopause, you need 1,000 mg of calcium per day if you’re taking estrogen and 1,500 mg if you’re not taking estrogen.
   - For vitamin D, you should get 800 to 1,000 IU per day. This amount has increased recently.
   - Ask your doctor for tips on getting enough calcium and vitamin D, or advice on a supplement.

2. Engaging in regular weight-bearing and muscle-strengthening exercise
   - It’s good for strength, balance and reducing the risk of falls.
   - All weight bearing exercise (you’re supporting your own weight, like walking) is good, but some resistance exercise to build strength in your legs, trunk, and upper body is also essential.
3. Avoiding smoking and excessive alcohol
   - Quit smoking, and limit exposure to second hand smoke.
   - Limit alcohol to no more than 2 drinks per day.
   - Ask for help if you need it.

Even older patients with poor bone health can improve their bones with exercise, adequate calcium and vitamin D intake, and correctly taking osteoporosis medicine.

**Have you talked to your doctor about your risk for osteoporosis and fractures?**
Some questions to ask include:
- Do I have any conditions or take any medications that affect bone health?
- What other risk factors do I have?
- Should I have a bone density test?
- What else can I do to keep my bones healthy?

If you’ve had a bone density test, ask:
- What are my results, and what do they mean in terms of fracture risk?
- What do you recommend?

**If you are on an osteoporosis medication, are you taking it properly?**
Many women have a hard time taking their medicine as prescribed. If you are one of them, ask your doctor for another option. Keep in mind that osteoporosis drugs do not build new bone; they prevent further bone loss. This is why it’s important to take them correctly, and certainly not put off taking them. It’s a fight to maintain the bone mass you currently have.

If you’re not on a medication, but your doctor wants you to start one, you have several options. They will help reduce the risk of fractures. But each has limitations in terms of side-effects and how it is taken.

Be sure to ask your doctor:
- What are my choices in terms of medications?
- What are the pros and cons of each, and what do you recommend?
- What are the options in terms of how it is taken?

**Bottom Line**
Osteoporosis can steal your quality of life at a time when you should be enjoying it most. So, what are you doing about it? Are you getting enough calcium, vitamin D, exercise? Most people overestimate the amount they actually get of all of these. Do you smoke, or drink too much? If you do, ask your doctor for help with a plan to quit smoking, or cut down on alcohol. If you’re taking medication, are you taking it correctly? Many do not. Talk to your doctor if you’re having problems with it.

Osteoporosis is a silent disease only if we are silent about it. We have to speak up. We have to ask our doctor for help. We have to understand our risk, and how weak our bones actually are. Weak bones are not something we can put off until tomorrow. Waiting is not an option. Weak bones cast a shadow over the future, a future with diminished mobility, loss of independence, weakening and frailty, and the possibility of winding up in a care facility.

Stronger bones, on the other hand, mean a brighter future with more possibilities.

For other information and useful links, visit the American College of Preventive Medicine website at [www.acpm.org](http://www.acpm.org).