

Should You Be Worried About Osteoporosis?

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Because there are few early signs of osteoporosis, some people don't know that they have it until a bone unexpectedly breaks. Since the disease doesn't directly cause pain or illness, prevention and early detection of osteoporosis are critical to avoiding broken bones as people age.

Risk factors for developing this disease include calcium deficiency, family history, lack of exercise, poor diet, smoking, certain medications, and more. Proactive screening is important to prevent osteoporosis and to support lifelong health.

Once diagnosed by a primary care provider or specialist, osteoporosis treatments may include dietary changes, exercise and supplements or medications to build bone density.

Osteoporosis overview

Osteoporosis is a condition which can lead to weakened bones as a person ages. It is often associated with the dreaded “dowager’s hump,” or rounding of the upper back that makes a person look hunched over. About 10 million Americans have osteoporosis, and another 44 million men and women – 17% of the U.S. adult population– are at risk of developing the condition.

“Osteoporosis is a metabolic bone disease resulting in loss of bone mineral density,” said Jeff Peterson, Rheumatologist at WWMG Bothell. Bone mineral density (or bone density) is a measure of the amount of minerals, mostly calcium and phosphorous, contained in bone. Osteoporosis, which means “porous bone” is diagnosed by a bone density test.

As bone density decreases, bones become weaker, which can lead to fractures. Repeated fractures can decrease a person’s ability to function independently and compromise their mobility and mental health.

Those most likely to develop osteoporosis are post-menopausal women of European or Asian descent, however the disease can affect men and women of all ages.

Who should be screened for Osteoporosis?

Because there are so few early signs of osteoporosis, proactive screening with your primary care provider is important. Who should be screened?

- Women over 50 or women with a family history of osteoporosis
- Women over 50 who have experienced early menopause
- Men over 60 with a family history of osteoporosis; and
- Anyone who has taken medications associated with increased risk of osteoporosis (see list below under Medications)

What causes Osteoporosis?

- **Lack of minerals.** Bone density can decrease when bones don't absorb minerals properly or when they lose minerals faster than normal. "Your body needs a lot of calcium, and it uses the bones as a depository. The body will take calcium from the bones when it needs it to keep our nerves and muscles working properly," said Peterson. A diet with insufficient calcium (especially during childhood) can contribute to the onset of osteoporosis.
- **Hormone changes.** Osteoporosis is more common in women because they use a lot of calcium during pregnancy to build the baby's bones, and after menopause, the hormones that help build bone slow down while depletion continues at a normal rate.
- **Genetics.** There is also a genetic component to osteoporosis: race, family history and even physical build (small and slender body types are at greater risk) are all factors.
- **Lifestyle choices.** Lifestyle choices such as lack of physical activity, poor eating habits, and alcohol use can have a significant influence on bone density and lead to osteoporosis.
- **Smoking.** In addition to raising the risk of developing cancer, smoking also increases a person's risk of developing osteoporosis.
- **Medications.** Certain medications may increase the risk of developing osteoporosis. These include: acid-blockers, steroids used in the treatment of asthma and rheumatoid arthritis, antiepileptic medicines; and some medications used to treat cancer, diabetes, depression, and anxiety.

Symptoms of Osteoporosis

"You don't feel osteoporosis," said Peterson. Osteoporosis doesn't create outward symptoms like pain or illness. The disease can progress undetected until bones become so weak and brittle that a minor accident like tripping or bumping into furniture, lifting something heavy, or even coughing breaks a bone.

The most common osteoporosis-related fractures affect the hip and wrist. The spine can also be affected when vertebra collapse, causing back pain that leads to a diagnosis. Often before a bone breaks, people will notice a loss of height or increasingly stooped posture.

“If you’ve lost enough [bone] to the point where you’re having fractures, you can regain the bone density again and limit the fractures you’ll experience in the future. With proper treatment, you can mitigate the disease and limit its progression. But you will always have the predisposition of that disease,” said Peterson.

Osteoporosis treatment

Osteoporosis is diagnosed by a bone density test, and can be treated by your primary care provider and/or a rheumatologist or an endocrinologist. Which specialist a patient sees will be determined by the underlying cause of osteoporosis (bone disease or hormone-related issues). If medications for pre-existing health conditions are preventing calcium absorption, these will have to be adjusted or changed when the provider develops a treatment plan.

“We have quite a few good medications now to treat it,” said Peterson. “Bisphosphonates bind with the bone to make it stronger. Newer medications stimulate the cells that build the bone. There is even hormone therapy that’s appropriate for some women.”

Which type of treatment or medication is prescribed for the patient will depend on the underlying cause of osteoporosis, potential side effects, and sometimes other health conditions. Regardless of medication, patients must make lifestyle changes that support bone health.

The steps to mitigate osteoporosis are the same as those to prevent it.

Prevention of Osteoporosis

About 85-90% of adult bone mass is acquired by age 18 in girls and 20 in boys. **Building strong bones** during childhood and adolescence can help prevent osteoporosis later in life, but it is never too late to improve bone density through diet and exercise.

“Making sure you **get adequate calcium and vitamin D**, especially around menopause, when bone-building slows down, is the bare minimum,” said Peterson. Adequate means 1200 mg of calcium and 2000-4000 IU of vitamin D daily. **Magnesium** is another important mineral because it helps the body absorb calcium.

Getting your vitamins and minerals from a **varied diet** is more beneficial than taking supplements, and eating a **sufficient number of calories** every day is critical. People who are underweight are more vulnerable to osteoporosis. Smoking and alcohol can also

impede bone growth.

Weight-bearing exercise is equally important for bone health. Lifting weights is great, but it's not necessary. Moderate activity bearing your own body weight is sufficient to strengthen bones, especially when it incorporates jumping or lateral movement. For example, tennis is better than cycling and hiking on an uneven trail is better than the treadmill. But any exercise is better than none.

“For prevention, it's just staying active where you're moving around. Do that for life,” said Peterson.

Concerned about Osteoporosis?

If you're concerned about developing osteoporosis and would like to get screened, the best place to start is with a WWMG primary care provider. If needed, they can advise you on lifestyle changes and prescribe supplements or medications to help build bone density.

If additional support is warranted, they will refer you to our Rheumatology or Endocrinology specialists for further evaluation and treatment.

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