



## **OSTEOPOROSIS**

### **Q. WHAT IS OSTEOPOROSIS?**

A. Osteoporosis, which means "porous bones," is a condition of excessive skeletal fragility resulting in bones that break easily. A combination of genetic, dietary, hormonal, age-related, and lifestyle factors all contribute to this condition. According to the National Osteoporosis Foundation, osteoporosis leads to 1.5 million fractures or breaks per year, occurring mostly in the hip, spine, and wrist. It costs \$14 billion annually, and threatens 28 million Americans. Older women most often are diagnosed with osteoporosis, but older men get it, as well. One in three women over the age of 50 will suffer a vertebral fracture, according to the foundation. These numbers are predicted to rise as the population ages.

### **Q. HOW CAN YOU DETECT OSTEOPOROSIS?**

A. Routine x-rays cannot detect osteoporosis until it is quite advanced, but other radiological methods can. The FDA has approved several kinds of devices that use various methods to estimate bone density. Most require far less radiation than a chest x-ray. Doctors consider a patient's medical history and risk factors when deciding who should have a bone density test. Readings are compared to a standard for the patient's age, sex, and body size. Different parts of the skeleton may be measured, and low density at any site is worrisome. Bone density tests are useful for confirming a diagnosis of osteoporosis if a person has already had a suspicious fracture, or for detecting low bone density so that preventative steps can be taken.

### **Q. WHAT ARE SOME TREATMENT OPTIONS FOR OSTEOPOROSIS?**

A. Under FDA guidelines, drugs to treat osteoporosis must be shown to preserve or increase bone mass and maintain bone quality to reduce the risk of fractures. Before 1996, the only choices were the hormones estrogen and injectable calcitonin, as well as the use of calcium supplements. The FDA has recently accepted two agents. One agent, called a bisphosphonate, slows down the rate of bone loss. The other agent is an inhaled form of calcitonin. A woman and her doctor need to carefully weigh the risks and benefits of these two treatment options.

### **Q. HOW CAN YOU REDUCE YOUR CHANCES OF GETTING OSTEOPOROSIS?**

A. Osteoporosis is preventable. A diet that is rich in calcium and vitamin D and a lifestyle that includes regular weight-bearing exercise are the best ways to prevent osteoporosis.

Getting enough calcium throughout life is important because it helps to build and maintain strong bones. Men and women 25 to 65 years of age should have 1,000 milligrams (mg) of calcium every day. Women near or past menopause should have 1000 mg of calcium daily if they are on estrogen replacement therapy; if not, they need 1500 mg per day. Make foods that are high in calcium part of your diet. Healthy foods that are rich in calcium are:

- Low-fat dairy products such as cheese, yogurt, and milk
- Canned fish with bones you can eat, such as salmon and sardines
- Dark-green leafy vegetables, such as kale, collard, and broccoli
- Breads made with calcium-fortified flour

If you do not get enough calcium from your food, you might think about taking a calcium supplement. Always check with your doctor before taking any dietary supplement.

Besides calcium, your body uses vitamin D to absorb calcium. Being out in the sun for even a short time every day gives most people enough vitamin D. You can also get this vitamin from supplements, as well as from cereal and milk fortified with vitamin D.

Also, exercise builds bone strength and helps prevent bone loss. It also helps for older people to stay active and mobile. Weight-bearing exercises, done on a regular basis, are best for preventing osteoporosis. Walking, jogging, and playing tennis are all good weight-bearing exercises. Always check with your doctor before starting an exercise program.

## **CALCIUM INTAKE**

### **Q. WHAT IS THE OPTIMAL CALCIUM INTAKE FOR WOMEN IN DIFFERENT STAGES OF THEIR LIFE?**

A. On the basis of the most current information available, optimal calcium intake is estimated to be:

- 1,200 to 1,500 mg/day for adolescents and young adults (11 to 24 years of age)
- 1,000 mg/day for women between 25 and 50 years of age
- 1,200 to 1,500 mg/day for pregnant or lactating women
- 1,000 mg/day for postmenopausal women on estrogen replacement therapy
- 1,500 mg/day for postmenopausal women not on estrogen therapy

For all women and men over age 65, daily intake is recommended to be 1,500 mg/day, although further research is needed in this age group. These guidelines are based upon calcium from the diet plus any calcium taken in supplemental form. Calcium intake up to a total intake of 2,000 mg/day appears to be safe in most individuals. Adequate vitamin D is essential for optimal calcium absorption. Dietary constituents, hormones, drugs, age, and genetic factors influence the amount of calcium required for optimal skeletal health.

**Q. IF I AM LACTOSE INTOLERANT, HOW CAN I GET THE CALCIUM I NEED?**

A. The preferred source of calcium is through calcium-rich foods such as dairy products. Optimal calcium intake can be reached through calcium-fortified foods and calcium supplements in those who cannot ingest conventional foods. Furthermore, many food sources such as vegetables and fish contain calcium. There are also products sold in grocery stores and pharmacies that may help people with lactose intolerance better digest dairy products.

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