Osteoporosis

No BONES About It
The number of older Americans is rising every day. As a result, the U.S. surgeon general has estimated that, within 10 years, one in two Americans over age 50 will be at risk for fractures from osteoporosis.

Osteoporosis is not simply a part of getting older – it’s a disease that’s preventable and treatable. In fact, osteoporosis has been called “a pediatric disease with geriatric consequences,” according to the National Institutes of Health’s resource center on osteoporosis. Adolescence is the most important time for building bone mass that helps prevent osteoporosis later in life.

We asked endocrinologist Lara O. Fakunle, MD, to explain what people of all ages need to know about keeping their bones strong and healthy.
What is osteoporosis?
Dr. Fakunle: Osteoporosis is loss of bone mass, which leads to fragile bones and risk of fractures. Normally, trauma causes a broken bone, but when bones are weakened by osteoporosis, fractures happen with little or no trauma. You could break a bone doing regular day-to-day activities as simple as hugging someone or walking or stomping your foot.

At what age is bone mass highest, and when does it begin to decline?
Dr. Fakunle: Your peak bone mass should be reached in your late teenage years or early 20s. For the average person, bone mass should be normal until about age 50. However, women begin losing some bone mass even before menopause. By age 65, both men and women lose bone tissue gradually at about the same rate.

What are the risk factors for developing osteoporosis?
Dr. Fakunle: There are multiple risk factors: poor nutrition from a young age, including reduced calcium and vitamin D intake when a person should be eating well and developing good bone; eating disorders, which are common in teenagers; intense athletic activity that results in loss of menstrual cycles in young women for a prolonged period of time; family history; medications such as steroids for asthma or rheumatoid arthritis and antiseizure medicines; thyroid disorders, if not properly treated; and untreated celiac disease (allergy to wheat).

As an adult, how can I keep my bones strong and healthy? How can children and teens achieve the greatest bone mass?
Dr. Fakunle: People of all ages need adequate calcium and vitamin D intake and should not smoke or drink alcohol in excess. The best way for children to get their calcium and vitamin D is by drinking milk. Avoid carbonated beverages, because if children tend to drink more sodas, then they are naturally drinking less milk. Likewise, exercise is very important.

How much calcium and vitamin D do I need? Is it possible to get too much calcium?
Dr. Fakunle: The amount of calcium needed is age-dependent. For most adults, about 1,000 milligrams of calcium, along with 1,000 to 2,000 units of vitamin D, is necessary. Now, we’re realizing most of us are vitamin D deficient; particularly, darker skin can block the vitamin D you get from the sun. If you barely drink milk or are lactose-intolerant, you’ll need some form of supplement (calcium carbonate, calcium phosphate or calcium citrate). Your primary care doctor can check vitamin D levels in the blood, and that would guide how much replacement you need. It is possible to get too much calcium, which can make you feel sick and cause kidney stones in some people. But most of the time that’s not the case.

Does poor posture contribute to osteoporosis?
Dr. Fakunle: No. Actually, it could be a reflection of bone loss. And once bone is lost, you want to try to maintain good posture.

Why is osteoporosis often called a “silent disease”? What are the symptoms?
Dr. Fakunle: Unlike osteoarthritis, which is a degenerative disease, osteoporosis doesn’t hurt. There are no symptoms. The pain begins with a fracture, perhaps in the hip, spine or wrist. But thinning of your bone doesn’t hurt. When you begin having microfractures in your back and notice your body shrinking, that is when the pain arrives.

How is osteoporosis diagnosed? When should I be screened for osteoporosis?
Dr. Fakunle: Your primary care physician can diagnose it during a routine physical. Your doctor will take a good history, identify what your risk factors are and look at your age before performing a bone density test, also called a DEXA scan. The World Health Organization came up with scores, and a T-score at
minus-2.5 or below is considered osteoporosis. Everyone should be screened at the age their primary care doctor thinks is appropriate, which may be around age 50 but may be needed earlier depending on risk factors.

What are the available treatments?
**Dr. Fakunle:** In order to prevent further bone loss and falls, there are multiple medications available by prescription. A physical therapist can structure exercise for the individual to improve muscle strength. Calcium and vitamin D are the most important.

How can I prevent a fall or fracture?
**Dr. Fakunle:** Know you’re at risk and be well-informed. Avoid medications that would potentially create sedation or dizziness. Remove clutter from the home. I tell my patients to take away area rugs you can easily trip on. Make sure stairwell entrances are well-lit. Use non-skid mats. Try to get ground level living for older patients. Wear sturdy footwear.

### How Much Calcium?

Calcium is found in dairy products such as milk, yogurt and cheese; dark green, leafy vegetables such as broccoli and spinach; salmon; tofu; almonds; and foods fortified with calcium like orange juice, cereal and bread. Check the table below to find out how much calcium you need, then check nutrition labels for how much calcium is in the food you’re eating. As an example, an 8 oz. glass of milk and an 8 oz. cup of yogurt each have about 300 mg of calcium. Calcium supplements are available over the counter.

<table>
<thead>
<tr>
<th>Age</th>
<th>mg per day</th>
</tr>
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<tbody>
<tr>
<td>0 to 6 months</td>
<td>200</td>
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<tr>
<td>6 to 12 months</td>
<td>260</td>
</tr>
<tr>
<td>1 to 3 years old</td>
<td>700</td>
</tr>
<tr>
<td>4 to 8 years old</td>
<td>1,000</td>
</tr>
<tr>
<td>9 to 18 years old</td>
<td>1,300</td>
</tr>
<tr>
<td>19 to 50 years old</td>
<td>1,000</td>
</tr>
<tr>
<td>51- to 70-year-old males</td>
<td>1,000</td>
</tr>
<tr>
<td>51- to 70-year-old females</td>
<td>1,200</td>
</tr>
<tr>
<td>&gt;70 years old</td>
<td>1,200</td>
</tr>
</tbody>
</table>

Source: American Association of Clinical Endocrinologists

### Build Your Bones

Bone, just like muscle, grows stronger through exercise. Weight-bearing exercise – activities that you do on your feet and that force you to work against gravity – is best for bones.

- Walking
- Hiking
- Jogging
- Climbing stairs
- Weight training
- Tennis
- Dancing
- Aerobics
- Volleyball
- Hockey
- Skiing
- Soccer
- Skateboarding
- Gymnastics
- Basketball
- Jumping rope

### A Bad Break

A broken bone after age 50 is a big deal. Osteoporosis is the primary cause of fractures in postmenopausal women and the elderly. Hip fractures are the most serious because they require hospitalization and surgery. Some patients require care in a nursing home and many will have some degree of permanent disability. Half of patients who fracture their hip will not be able walk again without assistance. One in five dies within the first year after a hip fracture due to complications.
Medical Mythbuster: Do Men Get Osteoporosis?

It’s true that about 70 percent of fractures caused by osteoporosis happen to women. But that doesn’t mean men shouldn’t be informed about the disease. Men get osteoporosis, too.

Osteoporosis “develops less often in men than in women because men have larger skeletons, their bone loss starts later and progresses more slowly, and they have no period of rapid hormonal change and bone loss,” according to the National Institutes of Health. Although men do not face loss of bone mass related to menopause, bone mass declines at the same rate for both men and women by age 70. Absorption of calcium also decreases at this time.

Fractures can be equally disabling in men and women, and men are more likely than women to die from complications following a hip fracture.

Osteoporosis in men is most often caused by lifestyle, diseases or medications such as glucocorticoid medications, hypogonadism (low levels of testosterone), alcohol abuse, smoking, gastrointestinal disease, hypercalciuria (too much calcium lost through the urine) and immobilization. Men should discuss their risk with their doctor and follow the recommendations for preventing osteoporosis.
What’s On Your Plate?

The U.S. Department of Agriculture has launched a new tool to help Americans choose healthy foods – “MyPlate.” This symbol replaces the Food Pyramid, which had been used since 1992.

The five food groups seen on MyPlate are fruits, vegetables, grains, protein and dairy. MyPlate is based on the 2010 Dietary Guidelines for Americans, which recommends that half a plate be filled with fruits and vegetables. MyPlate also emphasizes:

• Make at least half your grains whole.
• Vary your veggies.
• Focus on fruits.
• Get your calcium-rich foods from dairy.
• Go lean with protein.

“Parents don’t have the time to measure out exactly three ounces of chicken or to look up how much rice or broccoli is in a serving,” First Lady Michelle Obama said. “But we do have time to take a look at our kids’ plates. As long as they’re half full of fruits and vegetables, and paired with lean proteins, whole grains and low-fat dairy, we’re golden. That’s how easy it is.”

At www.choosemyplate.gov, individuals can learn more and take advantage of resources for dietary assessment and nutrition education.

“With so many food options available to consumers, it is often difficult to determine the best foods to put on our plates when building a healthy meal,” said Tom Vilsack, secretary of the agriculture department. “MyPlate is an uncomplicated symbol to help remind people to think about their food choices in order to lead healthier lifestyles.”
Have you ever left a doctor’s appointment unsure how to properly take your medicine? Have you ever been too embarrassed to ask your doctor to explain information you didn’t understand? You are not alone.

“Many people have trouble understanding information about their medical conditions and many leave their doctor’s appointment feeling confused and uncertain,” said Deborah A. Ballard, MD, who is the director of Norton Healthcare Centers for Prevention and Wellness. “Doctors are often pressed for time. Patients are often anxious, in pain and fatigued. Medical terminology can be very hard for even highly educated non-medical people to understand.”

However, your doctor wants you to ask questions. Good communication is the key to getting the best results from your medical treatment. That’s why the National Patient Safety Foundation developed a set of three questions for you to ask the doctor at every visit.

Dr. Ballard suggests bringing these questions with you every time you visit the doctor, along with bringing all your medications. The “Ask Me 3” questions are designed to prevent misunderstandings that result in errors in taking medications, missed follow-up appointments and inappropriate physical activities, any of which could cause a bad medical outcome. Making sure you understand health instructions should help you prepare for any medical procedures and better manage any chronic health conditions.

“Once the answers are given, the patient should repeat them back to his doctor to be sure he has gotten the answers right,” Dr. Ballard said. “Some people may feel embarrassed about doing this, but doctors appreciate when patients help them deliver the best care. It might also help both of them avoid middle-of-the-night phone calls and emergency room visits!”

Get the answers to these three questions from your doctor at every visit:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

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