



High-tech tests and healthy living can keep this disease in check

Outsmarting osteoporosis

There was a time when a woman might not have learned she had the bone-thinning disease osteoporosis until a broken rib or hip landed her in the hospital. Today, however, new technology using low-dose X-rays gives a woman precise information about bone density. She can find out if her bones are sturdy, whether she has osteoporosis or whether the disease may be in her future. These tests, combined with med-

ications and lifestyle changes, can help a woman keep this debilitating disease at bay.

Osteoporosis, which literally means “porous bones,” affects 10 million Americans, and an additional 34 million are at risk. Why is the disease so common? Much of the answer lies in the nature of our bones.

Boning up. Until a woman is in her mid-30s, bones are constantly being broken down and rebuilt. But after about age 30, hormonal

changes trigger a loss in bone density, making them thinner and more brittle. After menopause, when the body stops producing bone-friendly estrogen, bone loss occurs more rapidly, leaving seniors at a growing risk.

Testing 1, 2, 3. “Women should start thinking about building strong bones in their teens and 20s, but even postmenopausal women can take steps to prevent osteoporosis,” says Karen Adkins, M.D., an internist with the

St.Vincent Primary Care Network. The first step is to identify your risk level. While osteoporosis is primarily a disease that strikes seniors, it isn't the only factor. Other risk factors include:

- A personal history of fracture after age 45
- A family history of osteoporosis
- Caucasian or Asian ethnicity
- Smoking
- Alcoholism
- Poor nutrition
- An inactive lifestyle
- Certain medications—such as long-term use of corticosteroids or thyroid replacement therapy and certain chemotherapy drugs

To diagnose osteoporosis or determine if you're at risk, doctors at the St.Vincent Osteoporosis Center use a painless, noninvasive test called a dual-energy X-ray absorptiometry (DEXA) scan. "We're looking for the amount of calcium within the bones," says Jack Moss, M.D., a radiologist at the center. "That tells us how strong the bones are and if those bones are likely to fracture."

A baseline bone density scan is recommended around age 40 to detect early signs of the disease. "If you have not had one by age 65, you should see your doctor about a DEXA scan," Dr. Moss says. "If you have a fair amount of bone loss, we'll recommend a follow-up scan every one to two years."

Skeleton keys. Once you've taken stock of your bones, talk to



Are you at risk?

For more information about the St.Vincent Osteoporosis Center, call **338-CARE (2273)**.

your doctor about how to prevent and manage osteoporosis. Steps range from the simple to the sophisticated.

Lifestyle. First, eat a healthy, balanced diet that includes adequate amounts of calcium and vitamin D. "If you're postmenopausal, you need about 1,200 milligrams of calcium per day and 400 units of vitamin D," says Dr. Adkins.

Exercise. Get out and exercise for 30 minutes at least three times a week. Weight-bearing exercises such as walking and gardening are best. Don't smoke, and don't drink too much alcohol.

Medication. If necessary, your doctor might prescribe additional medications, including hormone

replacement therapy, to slow bone loss.

Falls. Prevent falls outside by using a cane or walker, and wear rubber-soled shoes. Inside, keep your rooms free of clutter, don't walk in socks or stockings, and use a rubber bath mat in the shower.

Advanced procedures. To treat compression fractures, doctors have developed a technique in which a balloon—and sometimes cement—are used to "re-inflate" compressed vertebrae.

Don't panic. Take osteoporosis seriously, cautions Dr. Adkins. "Paying attention to your risk factors and lifestyle, combined with regular visits to your doctor can help keep your bones strong." ♦



Not a "woman's disease"

Women account for 80 percent of the 10 million cases of osteoporosis in the United States, but that doesn't make it the "woman's disease" it's often considered.

True, men's bones are denser to begin with. But, in the end, they get older, too. "Men have less of a risk of significant osteoporosis than women," says Dr. Moss, "but still a fair risk for getting osteoporosis. And they're still subject to the same fractures as women, just in lower percentages."

In fact, the National Osteoporosis Foundation estimates that osteoporosis is responsible annually for 80,000 hip fractures in men—one-third of whom die within a year.

Prevention, diagnosis and treatment are similar to those for women, with the obvious exception of estrogen replacement therapy. Instead, testosterone replacement is often prescribed for men with low testosterone.