

OSTEOPOROSIS (BONE THINNING)

Osteoporosis is the medical term used for bone thinning. Osteopenia is a mild form of the same problem. It produces a decrease in bone mass and bone density. Patients who have osteoporosis are at a higher risk for broken bones (fractures). Natural bone loss begins in the mid 30's but postmenopausal women are especially at risk for this condition. Osteoporosis usually produces no symptoms. The first sign of the problem may be a broken bone in the spine, hip or forearm near the wrist.

Although osteoporosis is common in postmenopausal women, any man or woman can develop this condition. There are various risk factors for this problem. One of the main risk factors in my patients is the use of chronic cortisone therapy in the form of prednisone pills or cortisone injections.

Osteoporosis can be diagnosed by a bone density test. This is a simple and easy test that is comparable to an x-ray. The test measures the density of the bone and can be used to determine improvement after treatment. Treatment for osteoporosis begins with the adequate intake of calcium and vitamin D. Daily calcium supplements should be 1,000 mg in men and premenopausal women and 1,500 mg in postmenopausal women in divided doses of 500 twice or three times per day. It is also recommended to take 800 IU of vitamin D per day. There are supplements which have both the calcium and vitamin D already combined. Weight-bearing exercise is another important treatment for osteoporosis. This can be performed using the machines in most gyms or health clubs.

Recently there has been an advance in the treatment of osteoporosis with a new class of medication called Bisphosphonates. These are safe and well tolerated medications which can reverse the bone thinning and decrease the risk for fracture. There is another information sheet about this medication.

If you have any other questions regarding osteoporosis, please do not hesitate to ask me before you leave the office.