Preventing Osteoporosis and Modifying Fracture Risk

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What is Osteoporosis?

Osteoporosis is a condition defined as having low bone mineral density (BMD). It is diagnosed by a bone density scan, also called a dual-energy x-ray absorptiometry (DEXA) scan.

Why Should You Care About Osteoporosis?

The real risk with osteoporosis is fragility fractures. People with osteoporosis who break a bone are at increased risk of losing the ability to care for themselves and of dying. After a hip fracture, 12% to 40% of patients with osteoporosis die within 6 months. It's important then that you understand your risk and take steps to decrease your risk. This will help you stay healthy and active for many years to come.

Are You at Risk for Osteoporosis and Fragility Fractures?

Bone density is an indicator of fracture risk; however, other important indicators also exist (see Table 1). An online Fracture Risk Assessment (FRAX[™]) tool, developed by the World Health Organization, is also now available for people to estimate their 10-year risk of fractures. You can access this free service at http://www.shef.ac.uk/FRAX/index.htm. Discussing your risks and concerns with your healthcare provider is important for creating a treatment plan that will help you to decrease the possibility of fractures.

Table 1 Indianten of Osternomic Dist.	Table 2. Modi	
Table 1. Indicators of Osteoporosis Risk Alcoholism	Lighting • Provide	
Certain medical conditions such as chronic obstructive pulmonary	• Have ea • Use nig	
disorder (COPD), Cushing's disease, gastrectomy, inflammatory bowel disease (IBD), rheumatoid arthritis, and others.	• Remov	
Certain medications such as anticonvulsants (phenobarbital, phe-	• Remov	
nytoin), corticosteroids [*] (prednisone, dexamethasone, methylpred- nisolone), immunosuppressants, lithium, total parenteral nutri- tion, and others. *Note: If you do take corticosteroid drugs, its deleterious effects on	Floors an • Provide • Repair, • Use no	
bone density may be reduced by supplementation with 45 mg/day of vitamin K_2 (as MK4).	Furnitur • Arrang • Remov	
Family history of osteoporosis	• Adjust	
History of falls	Storage • Install	
History of prior fracture	• Keep fr	
Impaired eyesight (increases risk of falling)	• Install	
Inadequate physical activity	• Use cha • Install	
Long-term low calcium intake	• Elevate	
Poor nutrition	Stairway • Install	
Smoking	• Remov	
Weight less than about 120 pounds	• Repair • Install	

How Can You Prevent Falls and Fractures?

1. Eat a proper diet: Poor diet increases osteoporosis risk. In particular, decreased intakes of calcium, potassium, magnesium, and vitamin K have been associated with increased osteoporosis risk, as has low protein. These nutrients are found in whole fruits, vegetables, and grains; and in meats, poultry, and fish. Consuming a diet that includes whole foods and lean meats will not only help you to feel better and be healthier overall, it will help decrease your osteoporosis risk.

2. Exercise regularly: Not participating in routine aerobic, weight-bearing, and resistance exercises increases the risk of osteoporosis, broken bones, and an early death. Appropriate exercise may prevent the onset of osteoporosis and also has been shown to increase BMD and decrease fracture risk. Speak to your healthcare provider about adding exercises to your daily routine that are safe and appropriate for you.

3. Medications and Nutrients: Some specific medications and nutrients have been shown to significantly reduce the risk of fractures. Discuss with your healthcare practitioner what may be best for you.

4. Modify your home environment: Precautions such as ensuring adequate lighting can help prevent falls that can cause fractures. The North American Menopause Society (NAMS) has published guidelines to educate people how falls and fractures might be prevented (see Table 2).

Lig	nting
	ovide ample lighting
	ave easy-to-locate light switches for rooms and stairs
	e night lights to illuminate walkways
Ob	tructions
	emove clutter, low-lying objects
• R	emove raised door sills to ensure smooth transition
Flo	ors and carpets
• Pi	ovide nonskid rugs on slippery floors
• R	epair/replace worn, buckled, or curled carpet
• U	se nonskid floor wax
Fur	niture
• A	rrange furniture to ensure clear pathways
• R	emove or avoid low chairs and armless chairs
• A	ljust bed height if too high or low
Sto	rage
• In	stall shelves and cupboards at accessible height
• K	eep frequently used items at waist height
Bat	hroom
• In	stall grab bars in tub, shower, near toilet
• U	se chair in shower and tub
	stall nonskid strips/decals in tub/shower
• El	evate low toilet seat or install safety frame
Sta	rways and halls
• In	stall handrails on both sides of stairs
• R	emove or tape down throw rugs and runners
• R	epair loose and broken steps
• In	stall nonskid treads on steps