



CCM Newsletter

Osteopenia and Osteoporosis

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REMINDER:
As a member of CCM, the special Chronic Care Management phone number is available for your personal use.

Osteopenia and Osteoporosis

WHAT IS IT?

Osteopenia is a condition that can be described as a **mild** decrease in the density of bones which makes bones weaker. Osteopenia can **sometimes** progress to a more severe form of low bone density called Osteoporosis.

Osteoporosis is a more **severe** form of low bone density. Bones are weaker than they should be. People with osteoporosis have a much greater risk of breaking a bone. The first sign or symptom of osteoporosis might be a fracture of the bone. Some people may have back pain from a collapsed spinal bone, loss of height, and/or a stooped posture.

It can occur in **anyone** but is **most** common in women over the age of 65 years and is **more** common in Asian and Caucasian women.



Prevention & Treatment of Low Bone Density: is most effective when many different approaches are used

- **Lifestyle** diet and exercise
- **Not Smoking** it speeds up bone loss
- **Fall Prevention** take measures now to decrease your risk for falling
- **Medications** are *individualized* based on evaluation and other medical problems a person may have. Be aware of medications taken for other conditions that might increase bone loss



- **Lifestyle**

- **Diet**

- Foods with calcium: milk, yogurt, green leafy vegetables, soy milk, kale, broccoli, cheese, cottage cheese, almonds, yogurt, ready-to-eat cereals, beans, some orange juices, and tofu
 - Foods with vitamin D: milk with added vitamin D, yogurt, ready-to-eat-cereals, eggs, fish from the ocean like canned tuna fish, cooked salmon, canned sardines, mackerel
 - Calcium pills for those who do not get enough dietary calcium. If you need to take more than 500 mg/day of calcium in supplement form, take it in separate, smaller doses (once in the morning and evening)
 - Vitamin D pills for those who do not get enough in their diet. Your provider may suggest this to help reduce the risk of osteoporosis. Take these pills with a dietary calcium source
 - Limit the amount of alcohol you drink to: 1 regular drink per day for women and up to 2 drinks per day for men

- **Exercise**

- Exercise can decrease fracture risk, helping to maintain bone density in women who have been through menopause and in older men
 - Exercise can strengthen muscles, improve balance, and make you less likely to have a fall that could lead to fracture or other injury
 - Many different types of exercise, including resistance training (using weights or resistance bands), jogging, and walking are effective
 - Benefits of exercise are quickly lost if you stop exercising

- **Not Smoking** Smoking speeds bone loss, increasing your risk for fracture. Let your provider know if you need help with smoking cessation

- **Fall Prevention** take measures **now** to decrease your risk for falling

- Wear sturdy, comfortable shoes with rubber soles
 - Remove loose rugs, electrical cords or other loose items in the home
 - Assure adequate lighting in all areas inside and around the home
 - Avoid walking on slippery surfaces like ice, wet or polished floors
 - Avoid walking in unfamiliar areas outside
 - Review current medications that may increase fall risk with your provider
 - Visit an ophthalmologist regularly for vision checks

- **Medications** Some medicines can reduce the chances that you will break a bone and are prescribed for those at high risk of fracture related to bone density loss

- **Bisphosphonates** are usually the first type of medication providers prescribe. If these medicines do not do enough or if they cause intolerable side effects, there are other medicines to try

- Take first thing in the morning on an empty stomach with 8 ounces plain water. Wait a **half hour** for Alendronate/Fosamax and a full **hour** for Risedronate/Actonel or Ibandronate/Boniva, before eating or taking other medications
- Remain **upright** (sitting or standing) for at least 30 minutes to minimize risk of acid reflux and other stomach side effects
- Most patients can stop taking this medication after five years, as their benefits continue after stopped. Your provider will continue to monitor bone density to determine if you need to restart the drug
- Zoledronic acid (Reclast) is a **once-yearly, IV** dose of a bisphosphonate. It is given if pills cause side effects. It is given for three years then stopped. Your provider will monitor your bone density to see if it needs to be restarted
- **"Estrogen-like" medications** (Raloxifene/Evista) provide protection against postmenopausal bone loss. It also decreases the risk of breast cancer in high risk women. It may be less effective in preventing bone loss than bisphosphonates
- **Denosumab (Prolia)** is an antibody that prevents the formation of cells that break down bone. It improves bone density and reduces fracture. It is given as a shot under the skin once every six months
 - Reserved for those who can not tolerate bisphosphonates
 - Stopping Prolia results in bone loss within a fairly short time and there is an increased risk for vertebral fracture. If Prolia is stopped, ask your provider to prescribe an alternative medication to prevent rapid bone loss
- **Teriparatide (Forteo)** is a parathyroid hormone (PTH) and is unique. It is one of the only medications that work by stimulating bone formation. The other medications work by reducing bone loss
 - May be an option for those with severe osteoporosis. Usually only used for up to two years then replaced with a different medication
- **Other medications** may *increase* your risk of *bone loss* if used at high doses or over a long time
 - Glucocorticoid drugs (prednisone), heparin, some seizure drugs (phenytoin, carbamazepine, primidone, and phenobarbital), some drugs used in breast cancer treatment (letrozole, anastrozole)
- **Testing**
 - Your provider can have you tested for it. The best test is a bone density test called the "DXA test." It is a special kind of X-ray
 - If you take medication to prevent or treat osteoporosis, your provider will monitor you to see how well it is working

