



What can be done to improve your bones and manage your osteoporosis?

- Eat a healthy diet with at least 3 servings of dietary calcium

1 serve = 40g cheese; 250ml regular, reduced or low fat milk; 200g yoghurt. It is recommended that you attempt to get your daily calcium intake from diet.

- Vitamin D is important for the absorption of calcium in the body. Vitamin D is available from sunlight, however it is recommended that you limit your risk of sun damage by gaining exposure before 10am and after 2pm.
- Regular weightbearing exercise such as walking or jogging.
- Avoid smoking and excessive alcohol

Medications

There are many medications to help strength bone and reduce the risk of fractures in the future. These medications come in various forms, with some being tablets, injections or infusions. Depending on which form you are prescribed to take, medicine could be taken every day, once a week, once a month or even 1-2 times a year. It is recommended that you discuss the options with your local doctor.

Prevention of falls

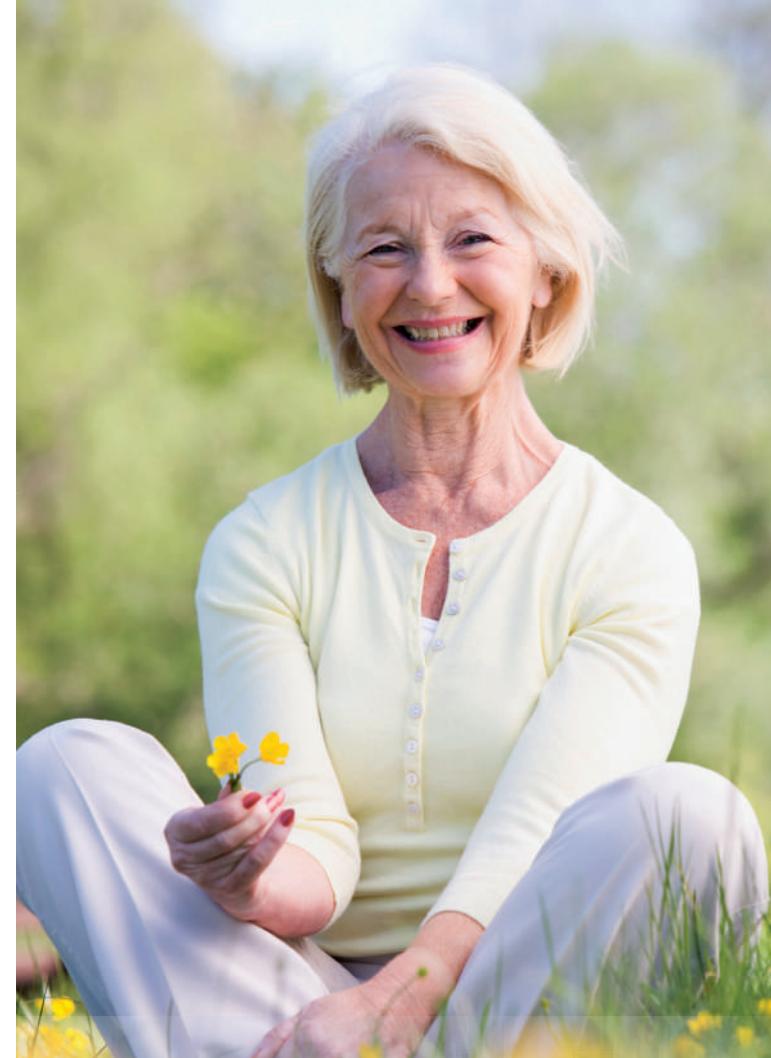
If you have osteoporosis, it is important to reduce the risk of falling in order to help prevent fractures. Simple measures can assist in making your environment safer:

- eliminate loose rugs and slippery surfaces to reduce risk of slipping
- install any aids eg. rails, non slip bath mats
- wear appropriate footwear
- have regular eye sight checks
- review your medications regularly with your local doctor – some may contribute to drowsiness and poor balance

Specialist review

Many people with osteoporosis can be easily managed by their local doctor. However if you have any questions in relation to your current management or would like some additional information on lifestyle improvements, please talk with your local doctor about being referred to an Endocrinologist or Bone specialist in your local area.

This brochure has been developed by A/Prof Warrick Inder and Ms Kate Bell, Department of Endocrinology, Princess Alexandra Hospital, QLD.



Could you have Osteoporosis?

What is osteoporosis?

Osteoporosis is a condition in which the bones become fragile and brittle, leading to a higher risk of fractures (breaks or cracks) than in normal bone. These fractures can occur after a minor bump or fall from standing height; and are known as fragility or minimal trauma fractures. Any bone can be affected by osteoporosis but the most common sites of minimal trauma fractures are the spine, upper arm, ribs, wrist and hip.

Risk factors for osteoporosis

There are some factors that increase the risk of bone thinning or osteoporosis to occur. Women are at a greater risk of developing osteoporosis than men due to generally smaller bones and faster loss of bone after menopause.

Risk factors for osteoporosis include:

- Women with early menopause (less 45yrs)
- Family history of osteoporosis
- Increasing age (usually over 50 years old)
- Being treated with long term corticosteroids (more than 3 months) or medications to treat epilepsy
- Having a chronic health illness or any gut problem that causes poor absorption of nutrients (such as Coeliac disease)
- Inactive lifestyle, lack of exercise
- Cigarette smoking
- Excessive alcohol intake
- Having a low body weight and small build
- Vitamin D deficiency
- Frequent falls

The longer you live the more likely you are to develop osteoporosis. If you answer yes to any of the questions following, you may be at risk of getting osteoporosis and we recommend that you consult your doctor, who will advise whether further tests are necessary.

International Osteoporosis Foundation One minute Osteoporosis risk test

	Yes	No
Have either of your parents broken a hip after a minor bump or fall?	<input type="checkbox"/>	<input type="checkbox"/>
Have you broken a bone after a minor bump or fall?	<input type="checkbox"/>	<input type="checkbox"/>
For women: Did you undergo menopause before the age of 45?	<input type="checkbox"/>	<input type="checkbox"/>
For women: Have your periods stopped for 12 months or more (other than because of pregnancy)?	<input type="checkbox"/>	<input type="checkbox"/>
For men: Have you ever suffered from impotence, lack of libido or other symptoms relating to low testosterone levels?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken corticosteroid tablets (cortisone, prednisone etc) for more than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost more than 3 cm in height?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly drink alcohol heavily (in excess of safe drinking limits)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke more than 20 cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer frequently from diarrhoea (caused by problems such as Coeliac disease or Crohn's disease)?	<input type="checkbox"/>	<input type="checkbox"/>



Bone density

If you have risk factors for osteoporosis and have never had a low trauma fracture, a bone density can be organised by your local doctor to help determine how dense your bones currently are. If you have sustained a low trauma fracture, you almost certainly have osteoporosis and you do not require a bone density to make the diagnosis. However a scan can be useful in some cases to help indicate your risk of future fracture as well as help decide on length of treatment with osteoporosis medications. Follow up scans can see how well you respond to treatment and should be done on the same machine for the most accurate difference to be measured.