As a Woman, You Need to Be Aware of Post Menopausal Osteoporosis

by AFRA WILLMORE

Post Menopausal Osteoporosis

Many women approaching their menopause fail to understand that this is a crucial time to take extra measures towards looking after themselves. Although this is just a natural stage of life, it is one which can cause lasting damage without a little self-care.

One of the hidden health conditions which can arise during the perimenopause and beyond is post menopausal osteoporosis. This can leave previously fit, strong women vulnerable to weak bones and the potential for serious fractures and spinal problems.

Why Are Post-Menopausal Women More Likely to Develop Osteoporosis?

It's our old friend estrogen causing issues again. **A reduction in the amount of estrogen** during menopause, and estrogen deficiency post menopause can cause bones to become less dense and more fragile. This is because bone is a living tissue and without sufficient estrogen (estrogen deficiency), the rate at which bone matter is created cannot keep up with the rate it is lost.

According to the British National Health Service (NHS) website, women can lose up to 20% of their bone density during the 5-7 years after menopause.

The American National Osteoporosis Society claims:

- Of the estimated 10 million Americans with osteoporosis, about eight million or 80% are women.
- Approximately one in two women over age 50 will break a bone because of osteoporosis.
- A woman's risk of breaking a hip is equal to her combined risk of breast, uterine and ovarian cancer.

The National Osteoporosis Society also states that the risk of developing osteoporosis statistically varies depending on your ethnic background.

According to the Society's research, around 20% of Caucasian and Asian-American women aged 50 plus have osteoporosis, while half of all Latina women have low bone mass which can be a precursor to developing osteoporosis.

Around 10% of Latina women are recorded as having a diagnosis of osteoporosis. African American women have the highest percentage of low bone mass recorded (around 70%), but the number of women over 50 recorded with osteoporosis is low compared to other ethnic groups at 5%.

Signs, Symptoms and Diagnosis

Osteoporosis can cause bones to become so brittle that a simple fall, knock or even a coughing fit can cause bones to fracture (break). Hips, wrists and the spine are the most common areas for an osteoporosis-related fracture.

Back ache can be a sign of osteoporosis, as even without a traumatic incident like a fall, vertebral bones made brittle by osteoporosis can crumble and collapse. You might notice you have developed a stoop or have even lost height. If so, mention it to your doctor at your next visit.

Some cases of osteoporosis are picked up in the emergency room when X-rays taken to check for fractures show advanced loss of bone density.

More often, your doctor will assess your risk of developing osteoporosis, taking into account age, gender and symptoms such as back and/or joint pain; from there, they can order a **bone density test**.

This is a painless test during which you lie on a padded table while a scanner is passed over your body. Padded support blocks should be provided if you find lying flat difficult or uncomfortable.

Usually only the hips and spine are checked during this exam. The scanner uses a low level of X-rays to determine the proportion of mineral in your bones. The higher the proportion, the denser and stronger your bones are.

Using the test results, your doctor can then assess your risk of developing osteoporosis over the next ten years and offer lifestyle advice or medication if required.

Prevention and Treatment

Often just making some adjustments to diet and lifestyle can be enough to maintain bone density and prevent osteoporosis from developing. There are several strategies that can help with increasing bone density after menopause.

Calcium is crucial to good bone health, so it is important to be vigilant about eating and drinking foods with a high calcium content.

Milk, cheese, yogurt and other dairy products are the obvious candidates for keeping calcium intake at recommended daily levels.

But if you don’t or can’t eat dairy products, there are plenty of other ways to get your Recommended Daily Amount (RDA).

Choose fortified bread, cereals and soy milk, green leafy vegetables like broccoli and spinach, fish where you eat the bones like sardines, tofu, and many seeds.

These are just a few of the options — search "calcium rich foods" online for more ideas.

Weight bearing exercise like walking, playing tennis or similar games, hiking, climbing stairs and dancing can all help keep bones strong and healthy. A sedentary couch potato lifestyle can raise your risk of developing osteoporosis, especially if you smoke and regularly drink alcohol as well.

If bone density is low or osteoporosis is diagnosed, your doctor may prescribe **bisphosphonates**, which prevent the loss of bone density. These drugs can be taken orally weekly or monthly, or given as injections quarterly or even annually. Another drug which may be offered is **denosumab**, which can be given as a shot every six months.

Both of these options can cause side effects, which some women cannot tolerate. In this case, doctors may suggest the use of **bone building drugs** given as shots, for up to one or two years, depending on the drug used.

Hormone replacement therapy can help some women as it replaces decreasing estrogen. This option is often offered to younger women at risk of losing bone density, or women experiencing other inconvenient or distressing menopause symptoms.

However, **prevention** of post menopausal osteoporosis is better than the need for a cure in all cases — so whatever age you are, make sure you eat healthy, calcium rich foods and build regular weight bearing exercise into your daily routine. Also, try to cut down or quit smoking and drinking alcohol, and don’t skip any invitations for a health check-up or bone density test.