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"treating the cause of your problem, not just the symptoms"

Who's At Risk for Osteoporosis?

Last week we discussed how physical activity can help reduce the risk of osteoporosis. This week we will discuss in more detail what exactly osteoporosis is.

Osteoporosis is a disease characterized by low bone density and deterioration of bone tissue. The analogy that I used last week was comparing a piece of strong and dense oak versus a piece of lighter and less dense pine. If these two pieces of wood were the same shape and size, the oak would be much stronger. The bones of a fully matured young person are similar to the oak, while the person with osteoporosis would have bones like the softer, less dense pine. Therefore, the person with less bone density has increased bone fragility and risk of fracture - particularly of the hip, spine and wrist.

Osteoporosis is often known as the "silent thief" because bone density loss occurs without symptoms. Osteoporosis does not cause pain unless a fracture has occurred.

To give you an idea how common this disease is, 1.4 million Canadians suffer from osteoporosis. One in four women over the age of 50 have osteoporosis. One in eight men over 50 also have the disease. However, the disease can strike at any age. The cost of treating osteoporosis and the fractures it causes is estimated to be 1.3 billion dollars each year in Canada alone. Long-term, hospital and chronic care account for the majority of these costs.

Without effective action on osteoporosis prevention and treatment strategies, it is estimated that over the next 25 years Canada will spend at least 32.5 billion dollars treating osteoporotic fractures. Given the increasing proportion of older people in the population, these cost will likely rise. Unfortunately, most of this money is spent on people once they already have osteoporosis and the related fractures. Government and the grass roots health care practitioners should be spending more time and money on the prevention of this disease instead of isolating on the treatment of it once its already there. This is like spending thousands of dollars to just replace the engine of your car every two years instead of spending much less overall and doing preventative maintenance, such as changing the oil and checking fluid levels.

The statistics related to hip fractures are particularly disturbing. There are approximately 25,000 hip fractures in Canada each year. Seventy percent of these are

osteoporosis related. Hip fractures that eventually result in death total 20 percent of these cases, while 50 percent of those who survive are permanently disabled. ***More women die each year as a result of the problems associated with osteoporotic fractures than from breast and ovarian cancer combined.***

No single cause for osteoporosis has been identified. However, certain factors seem to play a role in the development of osteoporosis. These factors are called “risk factors” because each factor influences the risk of developing the disease. The Osteoporosis Society of Canada suggests you begin to evaluate your own risk by reviewing the “common risk factors” below and determining which ones apply to you. The most common risk factors are:

- Female gender
- Age 50 or older
- Past menopause
- Prolonged sex hormone deficiencies
- Ovaries removed or menopause before age 45
- Not enough calcium in your diet
- Limited exposure to sunlight or insufficient vitamin D in your diet
- Not enough physical activity
- Family history of osteoporosis
- Thin body frame or “small boned”
- White or Eurasian ancestry
- Smoker
- Caffeine (consistently more than three cups a day of coffee, tea, and cola)
- Alcohol (consistently more than two drinks per day)
- Excess use of certain medications (cortisone, prednisone, anti-convulsants, thyroid hormone, and aluminum containing antacids)

One way to use this assessment is to realize that the more risk factors you have the greater your risk of developing osteoporosis. Specifically if you have four or more of the “common risk factors” listed above, the Osteoporosis Society of Canada advises you to discuss being tested for bone density loss with your physician. There are also “stronger predictors” of bone density loss. These are as follows:

- A strong family history of osteoporosis
- Prolonged use of cortisone or prednisone (glucocorticoids)
- Primary hyperparathyroidism
- Amenorrhea (missed periods)
- Early or surgical menopause (before age 45)
- Decreased estrogen levels in women or decreased testosterone levels in men

If one or more of these “stronger predictors” applies to you, the Osteoporosis Society of Canada recommends that you talk to your physician about being test for bone loss

Finally, assessing your risk factors can help identify those that you can change. Some of these factors are a result of heredity, others we call lifestyle factors.

By making changes in your lifestyle, like the weight bearing exercise we discussed last week, you are doing something to improve your bone health and lower your risk of developing osteoporosis.

