

8 Common Myths About Osteoporosis



1. Osteoporosis is an inevitable part of aging.

- Osteoporosis, for the most part, is preventable. Prevention of osteoporosis should begin in early childhood and continue throughout the stages of life. Building a strong skeleton during childhood, adolescence and young adulthood may help individuals avoid osteoporosis later in life.
- There are five steps that can optimize bone health and help prevent osteoporosis. They are: a balanced diet rich in calcium and vitamin D, weight-bearing exercise, a healthy lifestyle with no smoking or excessive alcohol intake, talking to your doctor about bone health, and bone density testing and medication when appropriate.
- Continuing or starting preventive measures even after fractures have occurred is important; this will minimize further bone loss and help prevent additional fractures and more severe disability.

2. Only older women get osteoporosis.

- Women and men can develop osteoporosis at any age, especially if they have a chronic condition such as asthma or arthritis that requires treatment with med-

ications such as glucocorticoids (e.g. prednisone) that can lead to bone loss.

- Twenty percent of those affected by osteoporosis are men. Men with osteoporosis and low bone mass total over 14 million. This figure is expected to increase to over 17 million by 2010 and to over 20 million by 2020.
- Men over the age of 50 have a greater risk of suffering an osteoporosis-related fracture than developing prostate cancer.
- Each year, 80,000 men suffer a hip fracture and are nearly twice as likely as women the same age to die the in first year after breaking a hip.

3. Only Caucasian women get osteoporosis.

- 52 percent of Asian women age 50 and older are estimated to have low bone mass, which is equal to the risk for Caucasian women.
- 49 percent of Hispanic women age 50 and older are estimated to have low bone mass.
- 35 percent of non-Hispanic



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African American women age 50 and older are estimated to have low bone mass.

- 10 percent of Hispanic women age 50 and older are estimated to have osteoporosis.

4. Osteoporosis is not very common.

- Osteoporosis and low bone mass affect 44 million women and men aged 50 and older in the United States. The 10 million people with osteoporosis and 34 million with low bone mass represent 55 percent of the people aged 50 and older. By the year 2010, it is estimated that over 52 million women and men in this same age category will either have osteoporosis or be at increased risk due to low bone mass. By the year 2020, NOF expects this number to increase to over 61 million.
- In the U.S. alone, osteoporosis causes 1.5 million fractures annually. These include 300,000 hip fractures, 250,000 wrist fractures, 700,000 vertebral fractures and 300,000 fractures at other sites.
- A woman's risk of hip fracture is equivalent to her combined risk of developing breast, uterine and ovarian cancer.
- Half of women over the age of 50 will have an osteoporotic fracture before they die.

5. Osteoporosis isn't a serious or deadly condition.

- The consequences of osteoporosis are devastating and painful. Hip fractures, which occur about twice as often in women as in men, are more serious than people realize: approximately 20 percent of hip fracture patients will die in

the year after fracture, usually from complications such as pneumonia or blood clots in the lung, which are related to the fracture or to the surgery to repair the fracture.

- Vertebral fractures are difficult to quantify because only one third of these fractures come to clinical attention. Up to half of patients with a prior vertebral fracture will experience additional fractures within three years, with many occurring within the first year. The survival rate following clinically diagnosed vertebral fracture is comparable to that following hip fracture.
- More than half of those who survive a hip fracture will not be able to walk or move about easily, and a quarter will need long-term nursing home care.
- Frail, elderly women and men who have suffered multiple fractures in the upper spine may develop stooped posture, or "kyphosis". They often have chronic lower back and side pain and difficulty walking. In extreme cases, people have trouble breathing and eating.

6. Medical costs from osteoporosis aren't high.

- In 2001, the inpatient, nursing home, and outpatient medical treatment costs of osteoporotic fractures in the U.S. is estimated to be almost \$18 billion, of which nearly 40 percent is due to fractures other than hip fractures.
- Each hip fracture represents an estimated \$40,000 (2001 dollars) in total medical costs.
- This cost to the healthcare system associated with osteoporotic fractures is expected to exceed \$60 billion by the year 2030.

7. If I had osteoporosis, I would know it.

- No, not usually. Osteoporosis is often called “the silent disease” because it progresses slowly over time, without symptoms, until a fracture occurs. For example, many people continue to assume height loss is a normal part of aging. However, it may be due to a collapse in the bones of the spine, called vertebrae, weakened by osteoporosis. NOF advises everyone to routinely monitor their height and talk to their healthcare provider if they notice a loss of more than an inch. Patients often don’t realize they have osteoporosis or are even at risk until they suffer a fracture – most commonly of the hip, spine or wrist – after a fall or from doing ordinary activities. At this point, they have already suffered the consequences of osteoporosis.
- Certain people are more likely to develop osteoporosis than others. Factors that increase the likelihood of developing osteoporosis include being female, having a personal history of fracture as an adult, current smoking, current low bone mass, being thin and/or having a small frame, advanced age, or a family history

of osteoporosis. For a complete listing of osteoporosis risk factors, please contact NOF (information listed below).

- Many people are not having appropriate testing to determine if they have osteoporosis before, or even after they fracture. As many as 95 percent of adults who break a bone are being treated without being evaluated for osteoporosis. Bone mineral density tests can measure the amount of bone in different parts of the skeleton and can predict the risk of future fractures.

8. Once I have osteoporosis, there is nothing I can do about it.

- Even if you have been diagnosed with osteoporosis, it’s not too late to take steps to protect your bone health. Consuming the recommended amounts of calcium and vitamin D, performing weight-bearing exercises and quitting smoking can help slow bone loss.
- There are also several treatment options available to slow bone loss and even build new bone. Talk to your doctor to decide if one is right for you.

Adapted from America’s Bone Health: The State of Osteoporosis and Low Bone Mass in our Nation. Copyright NOF 2002.

For more information on the prevention, diagnosis and treatment of osteoporosis, please contact the National Osteoporosis Foundation at 800-223-9994, www.nof.org or write to us at 1232 22nd Street, NW, Washington, DC 20037.

The National Osteoporosis Foundation is the leading voluntary health organization solely dedicated to promoting lifelong bone health in order to reduce the widespread prevalence of osteoporosis and associated fractures, while working to find a cure for the disease through programs of research, education and advocacy.