

[IMAGE]

Breaking the Bad News

Hip fracture is a serious problem. It leads to death in 20% of patients in the year after occurrence, and approximately \$14 billion was spent on fractures in 1995 alone in the U.S. Although the best predictor for fracture risk in postmenopausal women is low bone mineral density (BMD), or thinning bones, a recent study in the *Journal of the American Medical Association* shows that not enough women are aware of their low BMD levels.

The National Osteoporosis Risk Assessment, a long-term osteoporosis study of postmenopausal women, was utilized in the study to determine BMD levels, risk factors for thinning bones, and relation of BMD to fractures. Two-hundred thousand women at least 50 years old were recruited from over 4,000 medical practices and examined for bone density at the forearm, finger, or heel using dual-energy x-ray absorptiometry (DXA) scanning - the best method for calculating BMD.

Almost half of the women in the study had thinning bones that they were previously unaware of, subjecting them to an increased risk for hip fracture. Women who were older; had a family history of low BMD; were of Asian/Hispanic background; used cortisone; and smoked were most likely to have lower BMD. Risk of fracture was four times greater in women with osteoporosis in the year following the examination. Osteopenia, a more mild form of bone thinning, doubled the odds of fracture.

Based on current U.S. Census Bureau estimates, this study shows that nearly 20 million women in the U.S. may have low bone density and are unaware of it. If you are a woman age 50 or older, have your doctor measure your BMD, and if it is lower than normal, ask about effective treatment. Also, be sure to eat calcium rich foods, such as milk and cheese, and exercise regularly.

Reference:

Siris ES, Miller PD, Barrett-Connor E, et al. Identification and fracture outcomes of undiagnosed low bone mineral density in postmenopausal women: Results from the National Osteoporosis Risk Assessment. *Journal of the American Medical Association* 2001;286(22), pp. 2815-2822.

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