



OSTEOPOROSIS: IT'S SCARY!

Only old women get osteoporosis – right? WRONG! More than 28 million American women **AND** men either have osteoporosis or are at high risk because they have low bone mass. In the United States today, one in two women and one in eight men over the age of 50 will suffer an osteoporosis-related fracture in their lifetime.

Currently, the economic toll caused by osteoporosis is huge and the statistics are shocking. It costs this nation nearly \$14 billion each year to treat osteoporosis-related fractures.

WHAT IS IT?

Osteoporosis is a chronic, progressive, bone-thinning disease that leads to painful fractures, loss of height and independence, and can even lead to death. Don't confuse osteoporosis with arthritis and wait for swollen joints and discomfort before being tested. Osteoporosis is painless until a bone fracture occurs, so it's important to find out how healthy your bones are NOW.

PREVENTION IS KEY

Contrary to popular belief, osteoporosis is not an inevitable part of aging, but is a preventable disease for most people. At a recent National Institutes of Health Consensus Conference on osteoporosis, a panel of experts emphasized that osteoporosis prevention begins in childhood. It is critical to reach peak or maximum bone mass early in life and to maintain that bone mass later in life, to help prevent osteoporosis. Even so, It's never too early or too late to start your prevention program.

There are *three basic steps* you and your family can take to prevent osteoporosis. No one step alone is enough to prevent osteoporosis, but

all three may help decrease your chances significantly:

Calcium & Vitamin D. Calcium is needed for the heart, muscles and nerves to function properly and for blood to clot. Inadequate calcium is thought to contribute to the development of osteoporosis. National nutrition surveys have shown that many women and young girls

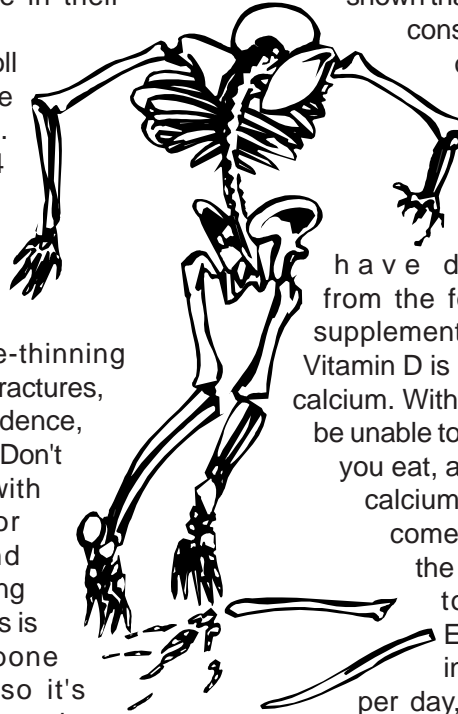
consume less than half the amount of calcium recommended to grow and maintain healthy bones. Depending on your age, an appropriate calcium intake falls between 1000 and 1300 mg a day. If you

have difficulty getting enough calcium from the foods you eat, try a calcium supplement to make up the difference.

Vitamin D is needed for the body to absorb calcium. Without enough vitamin D, you will be unable to absorb calcium from the foods you eat, and your body will have to take calcium from your bones. Vitamin D comes from two sources: through the skin following direct exposure to sunlight and from diet.

Experts recommend a daily intake between 400 and 800 IU per day, which also can be obtained from fortified dairy products, egg yolks, saltwater fish, and liver.

Exercise. Exercise is also important to good bone health. Bone is living tissue that responds to exercise by becoming stronger. Just as a muscle gets stronger and bigger the more you use it, a bone becomes stronger and denser when you place demands on it. If your bones are not called upon to



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work, such as during physical activity, they do not receive any messages that they need to be strong. Thus, a lack of exercise, particularly as you get older, may contribute to lower bone mass or density. You cannot see your bones respond to exercise, but when you strike a tennis ball or land on your feet after jumping, chemical messengers tell your arm and leg bones to be ready to handle that weight and impact again. In fact, if you x-ray the arms of a tennis player, you would see that the bones in the playing arm are bigger and denser than the bones in the other arm. Two types of exercises are important for building and maintaining bone mass and density: weight-bearing and resistance exercises. Weight-bearing exercises are those in which your bones and muscles work against gravity. This is any exercise in which your feet and legs are bearing your weight. Jogging, walking, stair climbing, dancing, and soccer are examples of weight-bearing exercise with different degrees of impact. Swimming and bicycling are not weight-bearing.

The second type of exercises are resistance exercises or activities that use muscular strength to improve muscle mass and strengthen bone. These activities include weight lifting, such as using free weights and weight machines found at gyms and health clubs. Most weight-bearing and resistance exercises place health demands on bone. Daily activities and most sports involve a combination of these two types of exercises. Thus, an active life-style filled with varied physical activities strengthens muscles and improves bone strength. **CAUTION:** If you are frail or have been sedentary most of your adult life, be sure to check with your doctor before beginning any exercise program.

Bone Mineral Density Tests. A bone mineral density test (BMD) is the only way to diagnose osteoporosis and determine your risk for future fracture. Since osteoporosis can develop undetected for decades until a fracture occurs, early diagnosis is important. A BMD measures the density of your bones (bone mass) and will help you and your doctor determine what to do prevent further bone loss and reduce fracture risk. A BMD test is a special type of test that is accurate, painless and not invasive.

CHIROPRACTIC CAN HELP!

Talk with your doctor of chiropractic about ways to improve the health of your bones. Doctors of chiropractic are licensed and extensively trained to treat patients of ALL ages and they can help people suffering from osteoporosis lead healthier lives.

Information for this newsletter was provided by the National Osteoporosis Foundation. Visit www.nof.org or call (303) 629-9102 or (202) 223-2226 for more information.

ARE YOU AT RISK FOR OSTEOPOROSIS?

There are many factors that determine who will develop osteoporosis. The first step in prevention is to determine whether you may be at risk. The risk factors are:

Age. The older you are, the greater your risk of osteoporosis. Your bones become weaker and less dense as you age.

Gender. Your chances of developing osteoporosis are greater if you are a woman. Women have less bone tissue and lose bone more rapidly than men because of the changes involved in menopause.

Fractures. Susceptibility to fracture may be, in part, hereditary. Young women whose mothers have a history of vertebral fractures also seem to have reduced bone mass. A personal history of a fracture as an adult also increases your fracture risk.

Race. Caucasian and Asian women are more likely to develop osteoporosis. However, African American and Hispanic women are at significant risk for developing the disease.

Bone Structure & Body Weight. Small-boned and thin women (under 127 pounds) are at greater risk.

Menopause/Menstrual History. Normal or early menopause (brought about naturally or because of surgery) increases your risk of developing osteoporosis. In addition, women who stop menstruating before menopause because of conditions such as anorexia or bulimia, or because of excessive physical exercise, may also lose bone tissue and develop osteoporosis.

Life-style. Current cigarette smoking, drinking too much alcohol, consuming an inadequate amount of calcium, or getting little or no weight-bearing exercise, increases your chances of developing osteoporosis.

Medications/Chronic Diseases. A significant and often overlooked risk factor in the development of osteoporosis is the use of certain medications to treat chronic medical conditions. It is important to discuss the use of any medications with your doctor and determine if your medications may adjusted, changed, or discontinued.