IF YOU HAVE OSTEOPOROSIS, COULD YOU BE FALLING FOR FRACTURED TRUTHS?

THERE ARE COMMON MISCONCEPTIONS FLOATING AROUND ABOUT OSTEOPOROSIS.

At what age, on average, do women start to be at risk for osteoporosis?

What are the most common fractures caused by osteoporosis?

HOW INFORMED ARE YOU?
TAKE THE QUIZ INSIDE TO FIND OUT
1. At what age, on average, do women start to be at risk for osteoporosis?
   A. As young as 50
   B. As young as 60
   C. As young as 70

2. How many Americans have osteoporosis?
   A. ~2 million
   B. ~10 million
   C. ~20 million
   D. ~50 million

3. If you’ve never had a fracture, you probably don’t have osteoporosis.
   True
   False

4. What is the definition of a fragility fracture?
   A. A fracture from being fragile with age
   B. A fracture of the hip
   C. A fracture after a fall from standing height or less that should not occur with healthy bones
   D. Fractures caused by trauma

5. How many women over the age of 50 will have a fragility fracture in their lifetime?
   A. Nearly 1 in 20
   B. Nearly 1 in 10
   C. Nearly 1 in 5
   D. Nearly 1 in 2

6. Once you’ve had a fragility fracture, your risk of having another fracture increases.
   True
   False

7. If you maintain a healthy diet and exercise regularly, osteoporosis is likely not a concern.
   True
   False

8. What causes more women over 55 in the United States to be hospitalized each year?
   A. Heart attacks
   B. Fractures caused by osteoporosis
   C. Breast cancer
   D. Strokes

9. What are the most common fractures caused by osteoporosis?
   A. Wrist
   B. Ankle
   C. Back
   D. Hip

10. Who should you talk to about your osteoporosis treatment?
    A. An endocrinologist
    B. A rheumatologist
    C. An orthopedic surgeon
    D. Primary care doctor
    E. Any of the above

WHAT’S YOUR OSTEOPOROSIS IQ?
TAKE THE QUIZ TO FIND OUT.
ANSWERS TO OSTEOPOROSIS QUIZ

QUESTION 1:
At what age, on average, do women start to be at risk for osteoporosis?

The answer is A. Osteoporosis mostly affects women after menopause, and the average age of menopause is around age 50.

QUESTION 2:
How many Americans have osteoporosis?

The answer is B. Osteoporosis is common. It affects more than 10 million Americans over the age of 50—and more than 8 million of them are women. Osteoporosis mostly affects women after menopause. In fact, approximately 35% of postmenopausal women have osteoporosis.

So, why would menopause impact bone health? The reason: Estrogen is a major regulator of the bone “remodeling” process, and when menopause starts, estrogen declines.

Bone is a living thing. It “remodels” itself. That means that old or damaged bone gets broken down and replaced with new bone to stay strong. If you have osteoporosis, your body breaks down more bone than it replaces. As a result, over time, bones become weaker, more fragile, and more likely to fracture. You may still be physically active, but your bones on the inside could be at risk.

QUESTION 3:
If you have never had a fracture, you probably do not have osteoporosis. True or False?

The answer is false. Many people with osteoporosis don’t realize they have it. Osteoporosis is often called a “silent” disease. That’s because it often isn’t recognized until a fracture occurs.

But there are tests your doctor can do to help understand your bone health. In women over 50 who are postmenopausal, the main test for osteoporosis measures bone mineral density (BMD). BMD shows how much bone mineral, such as calcium, is in your bones. Low bone density means your bones are more porous or airy, and may be more prone to fractures or breaks.

A common test doctors use to determine BMD is a dual-energy X-ray absorptiometry scan, also called a DXA scan or DEXA scan. The result of a DXA scan is called a “T-score,” which is an early predictor of risk for a possible fracture or break.

If you are over 50, you should let all your doctors know when you’ve broken a bone.
QUESTION 4: What is the definition of a fragility fracture?

The answer is C. A fragility fracture is a fracture after a fall from standing height or less which should not occur with healthy bones.

It may surprise you to learn that, for example, breaking your wrist from falling or tripping from standing height or less should not happen if you have healthy bones. But these are common experiences for women with osteoporosis and weaker bones.

QUESTION 6: Once you’ve had a fragility fracture, your risk of having another fracture increases. True or False?

This is true. Once you fracture a bone, you’re at higher risk for another fracture, particularly within the next year. That’s because your skeleton is one organ. In fact, if you have osteoporosis, even a wrist fracture should be taken seriously. In a recent study, 30% of women broke another bone within about 5 years of their first fracture.

QUESTION 7: If you maintain a healthy diet and exercise regularly, osteoporosis is likely not a concern. True or False?

This is false. Your diet and your level of exercise are just one piece of the picture in the treatment and management of osteoporosis.

WHEN IT COMES TO MANAGING OSTEOPOROSIS, DIET AND EXERCISE ARE ALL YOU NEED.

True, getting enough vitamin D, calcium, and exercise are important from a young age for building bone strength. But these may not be enough to manage osteoporosis in women after menopause. There are many potential risk factors such as age, family history, the medications you take, whether you smoke, your alcohol intake, and more. Some of these risk factors, like diet and exercise, are within your control and some are not.

It’s important to explore your risk factors with your doctor. Along with a DXA scan, a doctor may use the fracture risk assessment tool (FRAX®) to help understand your risk of fracture and guide treatment decisions.

The answer is D. Nearly 1 in 2 women over the age of 50 will have a fracture caused by osteoporosis in their lifetime.
QUESTION 8:
What causes more women over age 55 in the United States to be hospitalized each year?

The answer is B. More women over the age of 55 are hospitalized every year in the United States due to an osteoporosis-related fracture than heart attacks, strokes, or breast cancer.

In the United States, a fracture caused by osteoporosis is estimated to occur every 15 seconds, making osteoporosis one of the leading public health problems. If you’re a postmenopausal woman, osteoporosis shouldn’t be taken lightly. It’s a serious disease that can cause life-altering fractures.

QUESTION 9:
What are the most common fractures caused by osteoporosis?

The answer is C. Vertebral, or spinal, fractures are the most common fractures caused by osteoporosis.

ANSWERS TO OSTEOPOROSIS QUIZ

True, pulled muscles can be painful, and generally, aches and pains are more common as we age. But with osteoporosis, back pain, height loss, and/or a hunched back (called kyphosis) may actually be a sign that you’ve had a fracture—or multiple fractures—in your back.

QUESTION 10:
Who should you talk to about your osteoporosis treatment?

The answer is E. A doctor who treats an osteoporosis-related fracture—like a surgeon or emergency room doctor—may not be the same doctor who treats and provides ongoing care for osteoporosis. While some primary care providers deliver ongoing care for osteoporosis, others may refer you to an endocrinologist, a rheumatologist, or an orthopedic surgeon.

There are treatment options to help reduce the risk of having another fracture. If you have had a fracture, make sure all of your doctors know, and make sure to discuss treatment plans for osteoporosis that may be right for you with a bone expert.
Prescription osteoporosis treatments come in several forms, such as liquids, pills, injections, and infusions. Your doctor can help you decide which form is best for you. Regardless of how you take prescription treatments, they generally work in one of two ways:

**ANTIRESORPTIVE: OSTEOPOOROSIS TREATMENTS THAT SLOW BONE LOSS**

Your body naturally removes old bone and replaces it with new bone. When you have osteoporosis, more bone is being removed than being replaced. An antiresorptive treatment helps slow down the process of bone loss, maintaining the bone you have. The goal of an antiresorptive treatment is to preserve bone strength to reduce the risk of fracture.

**ANABOLIC: OSTEOPOOROSIS TREATMENTS THAT BUILD NEW BONE**

Anabolic osteoporosis treatments help build new bone by stimulating your body’s natural bone-building cells. The goal of anabolic treatment is to build new bone—not just maintain the bone you already have—and to reduce the risk of fracture.

**TALKING TO A BONE EXPERT**

An osteoporosis treatment plan that’s right for one person may not be right for another. Talk to your doctor about treatment choices, and remember, a doctor who treats an osteoporosis-related fracture—like a surgeon or emergency room doctor—may not be the same doctor who treats and provides ongoing care for osteoporosis.

**TALKING OSTEOPOROSIS TREATMENTS**

It’s important to discuss your bone health with the doctor who is treating your osteoporosis. To help you get the most out of your next appointment, fill out the form below so you are prepared to have a productive discussion:

- **Year I was diagnosed with osteoporosis**
- **Fracture History**
  - Date of last fracture
  - Fall from standing height? Yes No
  - How I got my last fracture
  - Other fracture history (indicate if your fractures occurred before or after menopause)
- **Risk Factors for Osteoporosis**
  - Family history of osteoporosis
  - T-score
  - Date of last DXA scan
  - Other habits/conditions
    - [ ] Smoking
    - [ ] Rheumatoid arthritis
    - [ ] Alcohol use (3 or more units/day)
    - [ ] Other

**Medications I am currently taking for osteoporosis**

**Medications I have taken for osteoporosis in the past**

**Other medications that I have taken over long courses of time**
POSTMENOPAUSAL WOMEN WHO HAVE HAD A LOW-IMPACT FRACTURE ARE 6X MORE LIKELY TO HAVE ANOTHER.

THIS IS WHY HAVING AND MAINTAINING A TREATMENT PLAN SHOULD BE A TOP PRIORITY.

TALK TO YOUR BONE EXPERT ABOUT YOUR OPTIONS.

And if you want to “stay in the know” on osteoporosis, visit
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