

# Like clockwork

from Dr. Laura Corio, M.D.

Women's Health Issues

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## What You Need to Know: Bone Health

When hear the word osteoporosis, you probably think of hunchbacked little old ladies with bones as brittle as eggshells. The fact is, there are 10 million Americans who have osteoporosis – 80% of them women – and some of them are as young as thirty. The National Osteoporosis Foundation expects this number to soar to 41 million in the next 10 years. Here's what you need to know about preventing brittle bones.

### Start Early

Many experts think osteoporosis is on the rise because women don't give much thought to bone health during their twenties and thirties, the decades where bones reach peak density and the decade where planning for the future health of your bones is essential. When you're young it's hard to imagine what a debilitating disease osteoporosis can be: It ruins your appearance, causes untold physical pain, and robs you of mobility and independence. That's why it's never too early (or too late) to begin bolstering your bones.

### Know Your Risk Factors

Women who are Caucasian, small boned, underweight, or who have suffered from an eating disorder should pay special attention to their bone health. This is also true for women who are smokers, have a history of erratic menstrual cycles, are post-menopausal, have been diagnosed with thyroid, kidney, or gastrointestinal disorders, or have a family history of osteoporosis. These are just some of the osteo red flags we should discuss. Ask about the DEXA or Bone Mineral Density tests which will help us get an accurate accounting of your bone well-being.

### Calcium Counts

National nutrition surveys show that many women and young girls consume less than half the amount of calcium recommended to grow and maintain healthy bones. Pre-menopausal women should consume about 1000 milligrams of calcium a day; postmenopausal women about 1500 milligrams. Include calcium-packed foods in your diet like leafy green vegetables, fish, and low fat dairy products. Most women should also consider taking regular calcium supplements to ensure they maintain an appropriate calcium intake.

### Vitamin D Counts Too

Ask me about vitamin D supplementation, particularly if you don't get out in the sunlight much (at least 20 to 30 minutes daily). Vitamin D goes hand in hand with calcium and many experts advise supplementing both nutrients daily. My recommendation is to get 1,000 IU to 2,000 IU of vitamin D daily, depending upon your particular risk factors. I think Vitamin D is the most inexpensive wonder drug in the world. Besides bolstering bones, it can help fight depression, strengthen your heart, prevent cancer, boost the immune system and possibly, sharpen your brain.

### Make an Impact with Exercise.

The word "impact" when associated with exercise has long been a dirty word. People think impact equals injury but when sprinkled judiciously throughout your program it can toughen up your bones by stimulating them to store and preserve more calcium. Try adding medium-to-high impact activities like walking, running, hiking, treadmill, jump rope and aerobics classes into your fitness routine a couple of times a week. Experiment with the type and amount of impact you can tolerate to strike the right balance between preserving bone density and avoiding injury.



### Osteoporosis is on the rise

Ten million Americans have osteoporosis – 80% of them women.. The National Osteoporosis Foundation expects this number to soar to 41 million in the next 10 years.



### Dr. Corio's Resources

[www.nof.org](http://www.nof.org)

[www.nlm.nih.gov/medlineplus/osteoporosis.html](http://www.nlm.nih.gov/medlineplus/osteoporosis.html)

[www.womenshealth.gov](http://www.womenshealth.gov)

[www.mayoclinic.com/health/osteoporosis/WO00048](http://www.mayoclinic.com/health/osteoporosis/WO00048)

## PEARLS

**The Question:** Is osteopenia the same thing problem as osteoporosis?

**The Research:** Osteopenia refers to a bone mineral density (BMD) that is lower than peak bone mass but not low enough to be considered osteoporosis. Having osteopenia means you are at greater risk as time passes to develop BMD that is very low compared to normal, i.e., osteoporosis. The thicker your bones are at about age 30 -- the average age of peak bone mass -- the longer it takes to develop osteopenia or osteoporosis. Osteopenia may also simply be a case of having less dense bones to begin with rather than bone loss.

**Dr. Corio Says:** Beyond the recommendations I've already made in this newsletter, consider adding regular weight training sessions to your exercise regiment. Since bone loss is site specific, it's possible to lose mass in one area of your body but not others. Make sure you strength train at least twice a week, doing at least one exercise for each major muscle group. Use a weight heavy enough to challenge your muscles and bones for 8-15 repetitions and perform at least 15 sets total per session.

**The Question:** Should I be taking medication to prevent or slow bone loss?

**The Research:** There are many different types of medications used to treat osteoporosis. All of them have advantages and problems. Bisphosphonates such as Fosamax, Actone, Boniva and Reclast act much like estrogen to inhibit bone breakdown, preserve bone mass, and increase bone density in your spine and hips. The most common side effect I see is heart burn. Teriparatide, or Forteo, mimics the effects of parathyroid hormone by stimulating new bone growth. It is taken once a day by injection under the skin on the thigh or abdomen. Long-term effects are still being studied, so therapy is recommended for two years or less. Raloxifene, also known as Evista belongs to a class of drugs called selective estrogen receptor modulators (SERMs). It mimics estrogen's beneficial effects on bone density in postmenopausal women, without some of the risks associated with estrogen. It may decrease your risk of breast cancer.

**Dr. Corio Says:** The bottom line is that, should you be diagnosed with osteoporosis, we will decide together what, if any, medications will work best for you.

Sources: [mayoclinic.com](http://mayoclinic.com), [sciencedaily.com](http://sciencedaily.com), [thirddage.com](http://thirddage.com)

## Doctor & Office Hours

### Doctor's Hours

Monday	12:00 PM-6:00 PM
Tuesday	9:00 AM-3:00 PM
Wednesday	9:30 AM-2:30 PM
Thursday	8:00 AM-2:00 PM

### Office Hours

Monday	10:00 AM-5:00 PM
Tuesday – Friday	9:00 AM-4:00 PM

Make an Appointment

Call 646-422-0730 during our normal office hours.



## News Flash

Does sipping on cola eat away at bone density? One recent study says yes. The ongoing Framingham osteoporosis study in Massachusetts found that guzzling any amount of cola drinks does your bone mass no favors, though carbonation does not seem to be the issue. The mean BMD of those with a regular daily cola intake of even one 12 ounce serving per day was 3.7% lower in the neck vertebrae and 5.4% lower in the thigh bones than of those who refrained from cola altogether. Making the switch to diet cola was no better and sticking to decaffeinated colas was only marginally better. However – and surprisingly -- other bubbly beverages had no impact whatsoever on BMD. Total phosphorus intake was not significantly higher in daily cola consumers than in nonconsumers; however, the calcium-to-phosphorus ratios were lower. Stay tuned for more study in this area.