Endocrinologists are Osteoporosis Experts

If you have been diagnosed with osteoporosis, you may wish to visit an endocrinologist. According to AACE treatment guidelines, you should consult an endocrinologist when:

- Your osteoporosis is severe or has unusual features
- You have very low BMD
- You are young yet have osteoporosis
- You fail to respond to treatment; you fracture despite normal BMD or treatment
- You have an underlying condition affecting your bone health

Be Informed

For more information on endocrinologists and their role in osteoporosis management, or to view the complete osteoporosis treatment guidelines, visit AACE online at www.aace.com.

STAND STRONG
against osteoporosis
your endocrinologist can help

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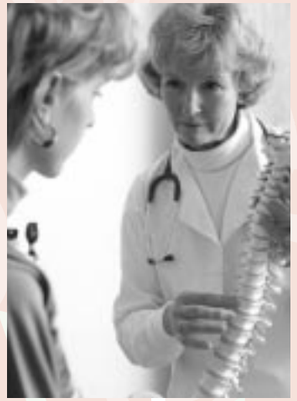
Will Your Bones Stand the Test of Time?

A Woman's Guide to Osteoporosis

American Association of Clinical Endocrinologists

If you're a woman over fifty, chances are you'll have osteoporosis in your lifetime. It also is likely you'll suffer a fracture as a result of the disease. Osteoporosis, a condition marked by weak and brittle bones, affects more than 10 million people in the United States, most of whom are female.



This brochure contains information to help you understand how osteoporosis occurs and what you can do about it. It is based on new recommendations for diagnosis and treatment issued by the American Association of Clinical Endocrinologists (AACE).

Endocrinologists are physicians who specialize in your body's glands and hormones, with a specific focus on your bone metabolism (the bone-building and breakdown process). They also are experts in treating underlying conditions (such as thyroid or other hormonal disorders) that may contribute to osteoporosis.

Osteoporosis is preventable and can be managed with the right treatment. Armed with these essentials, you can work with your doctor to take action against this common disease.

Osteoporosis: Your Bones' Worst Enemy

You probably know osteoporosis is a disease that affects your bones. Here's what you may not know:

- Ten million people are currently suffering from osteoporosis. An additional eighteen million have low bone density, putting them at risk for the disease
- More than 80% of sufferers are women
- As a woman, your risk of death from complications of osteoporosis is comparable to that from breast cancer
- Osteoporosis is the leading cause of disability and death in the elderly

Not Just Your Grandmother's Disease

Though often associated with the stooped shoulders of elderly women, osteoporosis can take hold before there are obvious physical signs. By age 22, you have acquired roughly 99 percent of your total bone density. However, as you age, your bones lose calcium and can become weak and thin. In fact, by your late thirties, your bone mass typically begins to decline slowly. Bone loss peaks in the years immediately following menopause due to a decrease in estrogen, which is the hormone that protects bones from calcium loss.

Your "Lucky" Break? Fractures May Signal Osteoporosis

Osteoporosis is called a silent disease because it progresses without obvious symptoms—until you break a bone. A minor fall might result in a broken wrist or hip; everyday activities such as walking —even a hug— might result in fractures of the bones in your back. Unfortunately, many women attribute these aches and pains to the aging process. However, fractures are an important warning sign of osteoporosis, and one that you and your physician should not overlook.

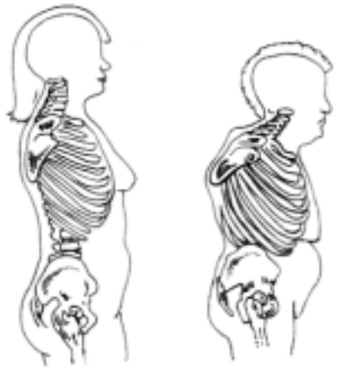
You may have already suffered a fracture if you have:

- Unexplained back pain
- Loss of height
- Stooped posture
- Fracture after minimal trauma

By the time a fracture occurs, osteoporosis is often in advanced stages, and your weakened bones are more likely to fracture again. Studies show 30 percent of people with fractures suffer another break within one year.

The "Breakdown" on Osteoporosis Fractures

Of the 1.5 million fractures reported each year, hip and spine fractures are most common and most serious. Each year, up to 20 percent of women with hip fractures will die from complications; half will be permanently disabled, and nearly 40 percent will be unable to walk within a year. Vertebral fractures occur when the weakened bones of the spine collapse, and affect one in three women over age 50. Characterized by loss of height and stooped posture, these fractures often cause chronic back pain and stomach and respiratory problems. They also may increase risk for life-threatening complications such as pneumonia.



Consequences of vertebral compression fractures
At left, a healthy, 40-50 year-old woman. At right, a 70-80 year-old woman with numerous vertebral fractures causing reduced height, curved spine, and distended abdomen.

Diagram taken from the *PDR Family Guide to Prescription Drugs*, 7th Edition © 2000 published by Crown Publishing by permission of Medical Economics Company, Inc.,Thomson Healthcare

The Bone Density Challenge: How Do You Measure Up?

Though a woman's risk of fractures from osteoporosis is greater than her combined risk of breast, ovarian and uterine cancer, just seven percent of women have been diagnosed. AACE recommends testing if you:

- Are 65 or older
- Have had a prior low-trauma fracture
- Are at risk for fracture at the start of menopause

The best way to identify osteoporosis, determine your risk for future fractures, and measure bone loss is through a bone-mineral density (BMD) test. The higher your density, the stronger your bone. To identify underlying conditions that may be responsible for bone loss, AACE guidelines also recommend a complete medical evaluation that includes blood and urine tests.

An Ounce of Prevention

The good news is you can protect yourself against osteoporosis. In its treatment guidelines, AACE has outlined several basic preventive measures to help you maximize your peak bone mass, avoid bone loss and prevent fractures. The following can help reduce your risk of osteoporosis:

SAY "NO" TO EXTRA JOE Drinking more than three cups of coffee a day can rob bones of calcium, and more than 9 cups per day has been linked to increased hip fractures

GET YOUR DAILY C'S (AND D'S) A diet rich in calcium and vitamin D is important; good sources of calcium include low-fat yogurt, skim milk, cheese and salmon; fortified foods and sunlight provide Vitamin D

DON'T SMOKE Smoking wreaks havoc on your bones by limiting your body's ability to absorb calcium

MOVE IT Regular exercise can reduce your risk of falling by improving balance, muscle strength, and flexibility; walking or stair-climbing can strengthen the bones in your legs, lower spine and hips

Treatment Options: A Step in the Right Direction

If you have been diagnosed with osteoporosis, are at high risk for fractures, or have suffered a low-trauma fracture, you should begin treatment. In addition to exercise, calcium and vitamin D supplements, you also may require one or more of the following medications:

- Bisphosphonates (alendronate and risedronate): increase BMD and reduce fracture risk
- Calcitonin: minimizes bone loss and reduces fracture risk; it also can reduce pain from acute spinal fractures
- Estrogen: perhaps the most effective means of stopping bone loss, estrogen often is prescribed to women entering menopause
- Selective Estrogen Receptor Modulators or SERMS (raloxifene): reduces spine fractures and may have beneficial effects on other tissues

Make No Bones About It: Talk to Your Doctor

If you are worried about osteoporosis, talking to your doctor is the first and most important step you can take. At your visit, be prepared to discuss the following issues:

Your family history

- Did your parents have osteoporosis?
- Did they have symptoms such as multiple fractures, stooped posture or loss of height?

Your risk factors (See right panel)

Any medications you are taking

- This includes prescriptions, over-the-counter drugs, vitamins and herbal supplements

Your treatment plan, if one is warranted

Questions to Ask Your Doctor

Bring this list to your next doctor's appointment

- ❒ Should I be tested for osteoporosis?
- ❒ What test(s) do you recommend?
- ❒ What lifestyle changes should I make to reduce future bone loss?
- ❒ Is my bone loss due to underlying disease?
- ❒ How often should my bones be re-evaluated?
- ❒ Should I begin treatment now to minimize bone loss?
- ❒ Should I begin taking supplements?
- ❒ Do you recommend medication?
- ❒ Should I see an endocrinologist?

Risk Factors for Osteoporosis

Check all that apply.

- ❒ Female
- ❒ Previous fractures
- ❒ Family history
- ❒ Hormone deficiencies
- ❒ Eating disorders
- ❒ Excessive alcohol or caffeine use
- ❒ Cigarette smoking
- ❒ Advanced age
- ❒ Thin, small body frame
- ❒ Hereditary skeletal disease
- ❒ Endocrine disease (hyperthyroidism, Cushing's Disease)
- ❒ Low calcium diet
- ❒ Race (white & Asian women have highest risk)
- ❒ Prolonged medication use (corticosteroids or anticonvulsants)

Take this brochure with you (or tear off this page) to remind you of these important topics.