



Postmenopausal Osteoporosis Fact Sheet

OVERVIEW

Osteoporosis, meaning “porous bone,” is a disease characterized by weak bones and is caused by excessive bone loss.¹ Postmenopausal osteoporosis, the most common form of the disease, affects many women after menopause as their ability to form new bone cannot counter balance the rate at which bone is being removed.^{2,3} Osteoporosis weakens bones over time, making them thinner, more brittle and more likely to break.¹ Women can lose up to 20 percent of their bone mass in the five to seven years after menopause.⁴ When bones become weak and fragile, even a slight bump or fall from standing height can lead to a broken bone.⁵ A fracture can be a life-changing event, making it harder to get around and do things independently.⁶

Osteoporosis affects approximately 200 million people worldwide,^{7,8} and roughly 30 percent of all postmenopausal women in the United States and Europe have this disease.⁹ The World Health Organization has officially declared osteoporosis a public health crisis,^{10,11} and the International Osteoporosis Foundation urges governments around the globe to make osteoporosis a healthcare priority.¹² Worldwide, it is estimated one in three women over the age of 50 will experience an osteoporotic fracture.^{13,14}

RISK FACTORS

Everyone has cells that remove bone (osteoclasts) and other cells that rebuild bone (osteoblasts).¹⁵ When women develop postmenopausal osteoporosis, bone-removing cells cause them to lose bone at a rate that is too fast.^{3,4} The result is thinner, weaker bones that can break more easily.¹ Once an initial fracture has happened, the chances of another are much higher.¹⁶ Those who experience an osteoporotic fracture are twice as likely to suffer a future fracture.¹⁶ And while these patients may be at highest risk within the first 12 to 24 months following the initial event,¹⁷⁻²⁵ data show that one in three older women will fracture again within five years.²⁶

There is a lot of information that can help a woman's healthcare provider assess her fracture risk. Understanding these risk factors can be helpful as there may be actions one can take to reduce the likelihood of developing osteoporosis, and therefore fractures. Key risk factors for developing osteoporosis may include:²⁷

- Advanced age
- Low body mass index (BMI)
- Previous fracture
- Frequent falls
- Family history of osteoporosis
- Cigarette smoking
- Menopause
- Low calcium intake
- Low vitamin D level
- Alcohol

FAST FACTS

- Women can lose up to 20 percent of their bone mass in the five to seven years after menopause.⁴
- Every three seconds, someone around the world breaks a bone because of osteoporosis.¹
- In the U.S., osteoporotic fractures occur more frequently than myocardial infarction, stroke or breast cancer.³⁸
- People who experience an osteoporotic fracture are twice as likely to suffer a future fracture.¹⁶
- A fracture can be a life-changing event, making it harder to get around and do things independently.⁶

DIAGNOSIS

Postmenopausal osteoporosis is a serious condition that is under-diagnosed and often goes untreated,²⁸ which can result in serious and costly health consequences.²⁹ Because postmenopausal osteoporosis is a 'silent disease' with no symptoms or pain until a fracture occurs, early diagnosis is essential, as is early identification of those at risk for a potential fracture.³ A diagnosis can involve one or more of the following steps:^{3,30}

- Bone mineral density test (the most common method is with a simple, non-invasive test called a DXA, or dual-energy X-ray absorptiometry scan)
- Medical history
- Physical examination
- Laboratory tests

Routine testing of bone density is very important—as these tests can help doctors understand how bone density changes over time.³¹ Osteoporosis remains largely overlooked, even in patients who have already experienced an osteoporotic fracture.^{32,33} Data show that approximately 80 percent of women who have experienced a fracture do not receive any type of osteoporosis treatment during the first year post-fracture.²⁸ Osteoporosis screening with hip DXA scans and follow-up management in older adults has been shown in a large population-based cohort study to be associated with 36 percent fewer incident hip fractures over six years compared with usual medical care.³⁴ Screening for osteoporosis is important in helping prevent osteoporotic fractures.³⁵

TREATMENT

Osteoporosis is a chronic condition,⁶ and while there is no cure, there are steps patients can take to manage this disease.³⁶ Patients with an established osteoporosis diagnosis may be treated with medication that can help slow bone loss, build new bone, increase bone density and reduce the risk for future fractures.^{3,37} The management of the disease can be supported by regular exercise and proper nutrition, including calcium and vitamin D, fall prevention strategies and avoiding tobacco and excess alcohol intake.³

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