

WOMEN'S RISK FACTORS

While you may look and feel fine, you could be at risk for osteoporosis and not know it.

Print this sheet and check off the risk factors that apply to you. Then talk to your doctor about osteoporosis, and ask whether a Bone Density Test may be right for you.

Are you past menopause?

Menopause is a key factor contributing to the development of osteoporosis. Even if none of the other factors detailed herein apply to you, you may still have or may develop osteoporosis if you're a woman past menopause. Normal or early menopause (brought about naturally or because of surgery, such as a hysterectomy and removal of ovaries) increases your risk of developing osteoporosis. Menopause happens when the ovaries stop producing the female hormone estrogen, or when the ovaries are removed. After menopause, bone is broken down faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy.

In addition, women who stop menstruating for a prolonged period before menopause because of conditions like anorexia or bulimia, or because of excessive physical exercise, may also lose bone mass and develop osteoporosis.

Are you of Caucasian or Asian descent?

Although osteoporosis can affect women of all ethnic backgrounds, Caucasian and Asian women are at greater risk of developing osteoporosis.

Do you have low bone mass as confirmed by a bone density test?

Bone density test results, known as T-scores (which measure bone strength), compare your bone density with that of normal young adult women. Normal bones are healthy and strong. Bones weakened by osteoporosis have become thin, making them more likely to break.

The National Osteoporosis Foundation recommends treatment for women with the following T-scores:
Below -2.0 in the absence of other risk factors.
Below -1.5 with other risk factors present.

Do you have a family history of osteoporosis or broken bones from minimal trauma?

In part, susceptibility to fracture may be hereditary. If a parent or grandparent was diagnosed with osteoporosis, you might also be at increased risk—for example, people whose parents have a history of vertebral fractures seem to have reduced bone mass. A personal history of a fracture with minimal trauma as an adult also increases your fracture risk.

Do you have a thin or petite build?

Small-boned and thin women (under 127 pounds) are at greater risk of developing osteoporosis than other women.

Do you use certain medications, such as steroids (e.g., for asthma or arthritis) or thyroid hormone?

A significant and often overlooked risk factor in the development of osteoporosis is the use of certain medications to treat chronic medical conditions.

Medications used to treat rheumatoid arthritis, an underactive thyroid, seizure disorders, and gastrointestinal disorders may have side effects that can increase bone loss and lead to osteoporosis.

Some of these medications are:

1. Steroids: This class of drugs can cause bone to be removed faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy. Medicines such as cortisone or prednisone are used to treat a variety of conditions, such as rheumatoid arthritis, lupus, autoimmune diseases, asthma, and transplantations.
2. Thyroid hormones (excessive)
3. Seizure medicine (anticonvulsants)
4. Antacids containing aluminum
5. Methotrexate for cancer treatment and autoimmune disorders
6. Heparin which is used to prevent blood clots
7. Cholestyramine taken to control blood cholesterol levels
8. Gonadotropin-releasing hormones (GnRH) used for treatment of endometriosis

For many people, these are life-saving or life-enhancing drugs. That's why it is important to discuss the use of these medications with your physician and not stop or alter your medication dose on your own.

Do you smoke?

Smoking may interfere with estrogen levels, and thus can also weaken your bones.

Do you drink several caffeinated or alcoholic beverages per day?

Alcohol reduces bone formation and is associated with increased risk of fracture. Caffeine also reduces bone formation.

Do you consume too little calcium or vitamin D?

Throughout your life, calcium and vitamin D play a key role in maintaining your bone health. They are particularly vital while your bones are still growing, generally until about age 35. Although calcium, vitamin D, and exercise are important, they can't totally protect or rebuild your bones after menopause.

However, if you are taking medicine for osteoporosis, it is important that you take supplemental calcium and vitamin D, especially if dietary intake is inadequate.

Do you exercise infrequently?

Inactivity makes your bones lose strength and become thinner. Over time, thin bones may break. Women who aren't active are at increased risk for osteoporosis. Be sure to talk to your doctor before starting any exercise program.

Remember: Menopause is a key factor contributing to the development of osteoporosis. Even if none of these risk factors applies to you, you may still have or develop osteoporosis if you're a woman past menopause. Ask your healthcare provider whether a bone density test may be right for you.

Print this page if you have checked any of the boxes above. Then take the results to your doctor.