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# Living Well: Osteoporosis-the silent thief



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The condition presents few symptoms, so screening is recommended for older adults

There are three little words in the life of an otherwise healthy older person that I hate to hear. These are "had a fall". These words are widely recognised as heralding the beginning of the end.

Unfortunately, fall risk is relatively high in older adults. According to the Health Promotion Board Singapore, about one-third of Singaporeans aged 60 and above have recurring falls.

What is the connection among an older person, a fall and the beginning of the end? The connection is osteoporosis.

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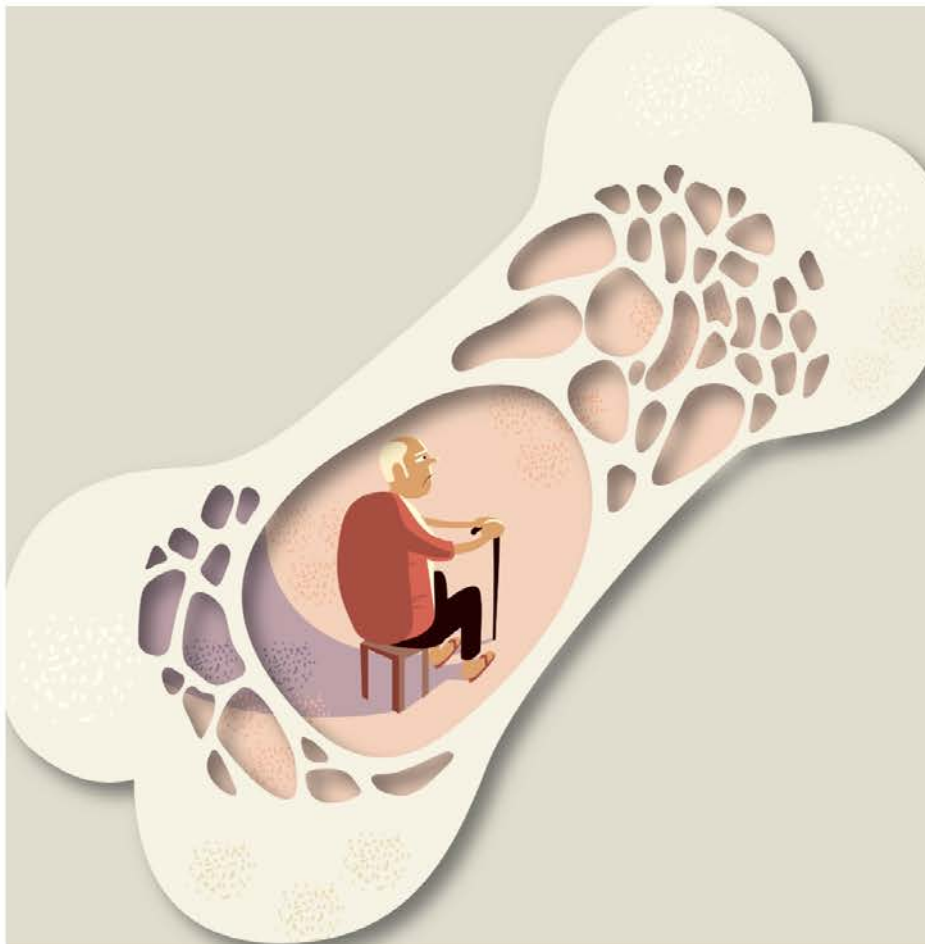
"Osteo" is bone and so "osteoporosis" means porous bone.

Bone is a living tissue and so it does not remain static. Just like old skin cells are shed and replaced with new cells, old bone is replaced with new bone throughout life. The entire human skeleton is replaced every 10 years.

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When we are young, new bone is formed at a very fast rate and our bones grow quickly in length and width. We reach peak bone mass between ages 25 and 30, and then at around age 40, we slowly begin to lose more bone mass than what is made.



ST ILLUSTRATION : CEL GULAPA

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For women, reduced levels of oestrogen after menopause accelerate loss of bone mass leading to lower bone density. Women lose 1.5 to 2 per cent of their bone density a year in the first 10 years after menopause.

Men have bigger bones and thus start off with more bone mass, so the onset of osteoporosis is generally pushed back by 10 years.

Also, their rate of bone mass loss is generally more gradual as they do not go through a menopause.

**Hip fractures can be serious and life-threatening – 40 per cent of people who suffer hip fractures are unable to walk again without assistance one year later and 20 per cent of hip-fracture patients over age 50 die within a year due to related complications.**



broken or fractured with minimal trauma and are termed "fragility fractures". These fractures occur with just falls from a standing height or with twisting injuries. Ribs can break even with a tight hug.

Asian and Caucasian women are at the highest risk of developing osteoporosis because of differences in bone mass and bone structure compared with other ethnic groups.

Thus, as we grow older and, without us being aware of the condition, we are losing bone mass and our bones are becoming more fragile but there are few symptoms. This is the reason osteoporosis is known as a silent disease.

Osteoporosis is like a ninja thief that quietly steals our bone.


With reduced bone density, there is also loss of strength of the bony struts forming the architecture of bone. Thus, bones are easily



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Two hundred million women worldwide have osteoporosis and this figure includes one-third of women aged 60 to 70 and two-thirds of women aged 80 or older. One out of three women and one out of five men over the age of 50 will eventually have fragility fracture in their life time due to osteoporosis - most likely in the hip, spine or wrist.

There are significant physical, financial and emotional burdens of osteoporosis for the sufferers and they include loss of mobility and independence and high healthcare costs.

After sustaining one and especially more than one vertebral fracture, there is significant morbidity including back pain, loss of height, deformity that includes kyphosis and protuberant abdomen and reduced pulmonary function. There is also diminished quality of life which includes loss of self-esteem, distorted body image, dependence on narcotic analgesics, sleep disorder, depression and loss of independence partly due to fear of falling.

Hip fractures can be serious and life-threatening - 40 per cent of people who suffer hip fractures are unable to walk again without assistance one year later and 20 per cent of hip-fracture patients over age 50 die within a year due to related complications.

This is the reason for the ominous warning after a fall in old age-"beginning of the end". Families, caregivers and healthcare systems also feel the impact.

So how do we tackle the problem of osteoporosis that creeps up on us as we grow older? The first thing we should be doing is to look after our bone health.

Calcium and vitamin D are key for bone health. Adult men and women need 1,000 to 1,200mg of calcium daily for healthy bones. Our local Asian diets provide about 600mg of calcium daily. So, we need to take only about 400 to 600mg of calcium as a supplement.

We also need vitamin D to help our body absorb calcium. The recommended daily intake of vitamin D for healthy adults is up to 1,000mg.

Leading a healthy lifestyle keeps our bones strong. We need to do regular weight-bearing activities like walking, dancing and taiji. These also help strengthen muscles and improve balance and posture, making us less likely to fall.

I tell my patients that if they have a precious and delicate vase and they keep it in a corner, it will last for decades, but once they knock it down even gently, it will break very easily. This is what happens to older patients with osteoporosis when they fall.

Osteoporosis screening for diagnosis is recommended for older adults. It is generally advised that women without other risk factors have their first bone density screening at age 65.

Men, without other risk factors, should have a bone density screening after age 75.

For Asian women, there is an Osteoporosis Self-assessment Tool (Osta) which can help women to decide whether they need a bone density test before age 65.

Osta is based on the woman's age and weight.

The most common method of measuring bone density is taking an X-ray of the hip and spine using a central dual energy X-ray absorptiometry (DXA) machine. The radiation from this method is minimal.

In spite of taking measures to look after bone health, there will be a number of older women and a smaller number of older men who will need pharmacological treatment for osteoporosis. The purpose of medication is to strengthen bone and prevent fractures.

There are two types of available osteoporosis medications - antiresorptive medication, which slows bone loss; and anabolic medication, which increases the rate of bone formation.

It is important to work with your doctor to devise a treatment plan that works best for you, depending on your health history and individual circumstances.

The bottom line to remember in osteoporosis is that the combined lifetime risk for hip, forearm and spinal fractures coming to clinical attention is around 40 per cent, equivalent to the risk for cardiovascular disease, according to the International Osteoporosis Foundation. For a woman, her risk of breaking a hip is equal to her combined risk of breast, uterine and ovarian cancer.

Therefore, osteoporosis is as important as cancer and cardiovascular disease in the huge personal, familial and economic toll that it exacts from its sufferers and, yet, it hovers under the radar because it is a silent disease until the first fracture occurs.

People, therefore, cannot afford to take the condition of osteoporosis lightly and worry only about heart disease, stroke and cancer.

Let us be on the lookout for the silent thief stealing our bone mass and apprehend it before the deed is done.

A version of this article appeared in the print edition of The Straits Times on July 08, 2019, with the headline 'Osteoporosis-the silent thief'. [Print Edition](#) | [Subscribe](#)

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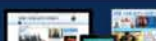


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