## **Overview of Osteoporosis**





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#### **Definition**

Osteoporosis is a condition that <u>weakens bones</u>, making them fragile and <u>more likely to break</u>. It develops slowly over several years and is often only diagnosed when a minor fall or sudden impact causes a bone fracture.

NOS and NHS, UK

Osteoporosis means porous bone It is a disease that occurs when the body loses too much bone, makes too little bone, or both. As a result, bones become weak and may break from a fall or, in serious cases, from sneezing or minor bumps.

**National Osteoporosis Foundation** 



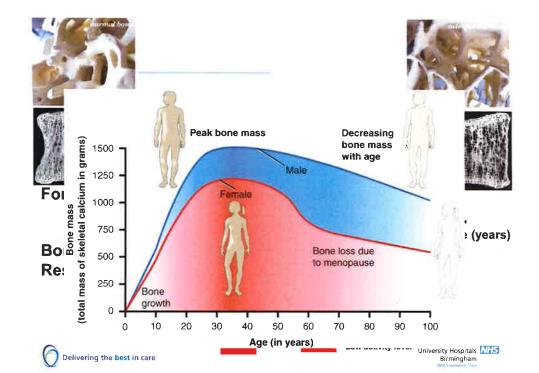


## What Is Osteoporosis?

- A. Thin bones
- **B.** Achy bones
- C. Brittle bones
- D. Weak/Fragile bones
- E. Porous bone







## What Are Symptoms Of Osteoporosis?

- A. Weak bones
- **B.** Achy bones
- C. Achy/painful joints
- D. Weak muscles
- E. Achy/painful muscles



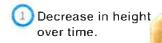






## Signs of Osteoporosis

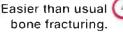
# THE MOST COMMON SIGNS OF OSTEOPOROSIS:







Back pain, 3 especially lower back pain, secondary to a collapsed vertebra.





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## How Do We Diagnose Osteoporosis?

What Are Symptoms Of Osteoporosis?

Osteoporosis has NO symptoms. It doesn't cause pain,

swelling or muscle weakness.

Most people with osteoporosis do not know that they

the condition until they break a bone or are

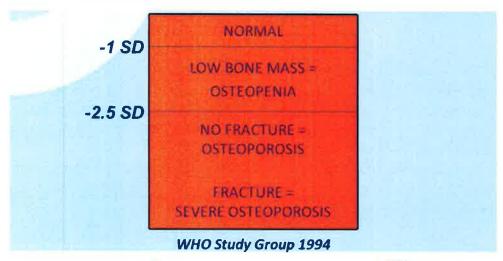
diagnosed with osteoporosis







## **Diagnosing Osteoporosis**



for a breakfree future



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Birmingham

#### What Is a Fracture?

#### **INCOMPLETE FRACTURE**

The bone cracked but does not completely break into pieces

#### **COMPLETE FRACTURE**

The bone breaks into two or more pieces.



## Can Osteoporosis Be Diagnosed Without a DXA Scan?

## YES.

#### Fragility Fracture

Fragility fractures are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level (or 'low energy') trauma.

WHO



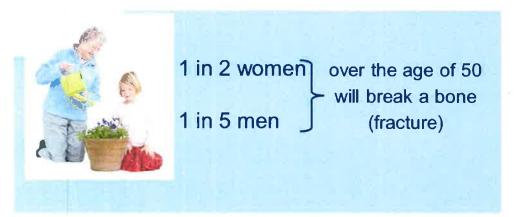
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#### Who Are At Risk?





### **Osteoporosis**

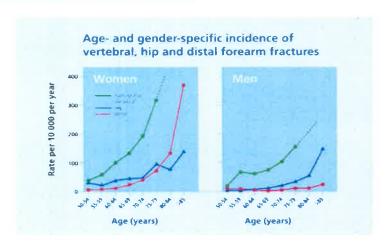


for a breakfree future



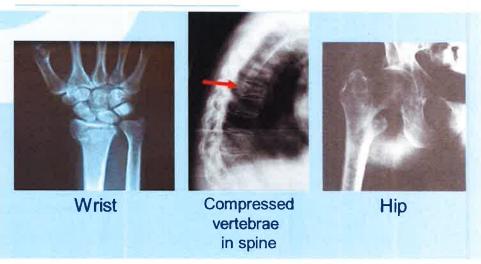
#### Incidence of Fractures

Delivering the best in care



Age-specific and sex-specific incidence of radiographic vertebral, hip and distal forearm fractures. (Sambrook et al. Lancet 2006;367:2010-8)

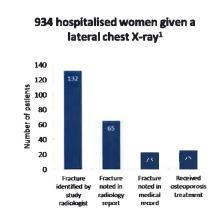
## Where Do Osteoporotic Fracture Occur?



for a breakfree future



## Osteoporosis: Is It Accurately Diagnosed?



chest radiography on presentation to an emergency department<sup>2</sup> 80 ž 50 **5** 40 를 30 ₹ 20 10 Fracture identified Fracture noted in by study osteoporosis

radiologist

459 men and women who underwent

1 Gehlbach SH et al. Osteoporos Int 2000;11:577-582

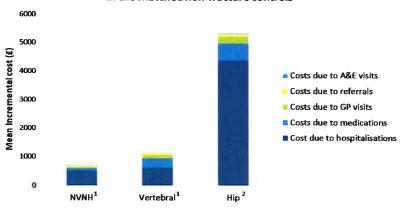
treatment





### **Cost of Osteoporotic Fractures**

Overall incremental cost of fracture by health care resource component in postmenopausal women with a fracture over women in the matched non-fracture controls



Vertebral fractures included women with recorded clinical or morphometric fractures. NVNH fracture = fractures of the clavicle, arm, humerus, elbow, wrist/forearm (radius, ulna), pelvis, and leg (distal femur, tibia, and/or fibula)

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Gutierrez L Bone 2012 51:324-331 2. Gutierrez L et al. J Med Econ 2011;14:99-107

NVNH = non-vertebral non-hip fracture

## **Effects of Fragility Fractures**









#### **BMC Musculoskeletal Disorders**

Open Account of the Affect Vertebral or hip fracture: a seven-year following Study on the Affect Vertebral or hip fracture: a seven-year following Study on the Affect Vertebral or hip fracture: Nation Hammer by Committee Commi

Results: Soxyseven women participated. In the 42 women (mean age 75.6, 50 4.7) with vertebral fracture as inclusion fracture, bodily pain had deteriorated between two and seven years and might be explained by new fracture. Remaining pronounced reduction of HRQOL was seen in all domains except general health and mental health at seven-year following in women with vertebral fractures compared to the reference group (p < 0.05), All 25 women (mean age 75.0, 50 4.7) with hip fracture as inclusion fracture had no agend and changes in HRQOL between two and seven years and did not differ from the inference group resurded HRQOL after seven years. The vertebral group had agenfacturely lower values for 60 to 10 m violat, rule embodies that the common mental less accompanied to the hip group. HRQOL showed a positive referencing provides propriet search, state changes and randings strength.

Conclusion: The long-term reduction of HRQOL in women with vertebral fracture emerged clearly in this study. The relationships between HRQOL and physical performance in women with vertebral and hip fracture raise questions for more research.

## Impact of Osteoporotic Fracture

#### Every year in the UK:

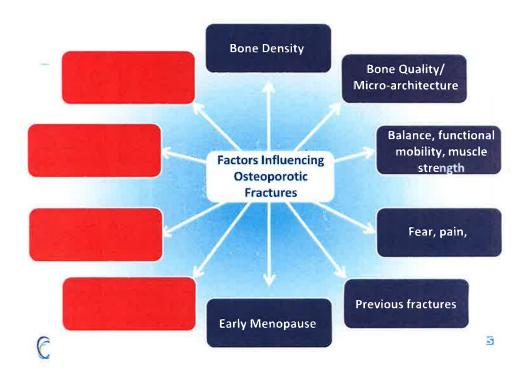
- 300,000 osteoporotic fractures
- Over £2.3 billion per year on hospital and social care costs for hip fracture alone (approx. £6 million/day)

Fractures in over 60 y/o account for >2M hospital bed days in England

(More than those attributed to diabetes, ischaemic heart disease, breast and prostate cancer)







## **Osteoporosis Treatment**



- 1. Calcium and/or Vitamin D
- 2. Lifestyle improvement (Alcohol, smoking, exercise)
- 3. Medications
  - a. Oral Medications
  - b. Parenteral Medication

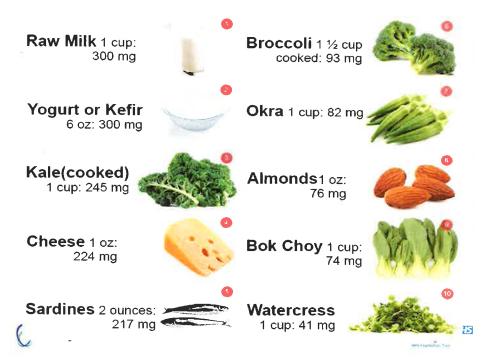




## **Dietary Reference Intake**

|                        | Calci <b>um</b>                                 |  |                                   | Vitamin D                                       |   |                                   |
|------------------------|---|--|-----------------------------------|---|---|-----------------------------------|
| Life Stage Group       | Estimated<br>Average<br>Requirement<br>(mg/day) | Recommended<br>Dietary<br>Allowance<br>(mg, day) | Upper Level<br>intake<br>(mg/day) | Estimated<br>Average<br>Requirement<br>(IU/day) | Recommended<br>Dietary<br>Allowance<br>(IU/day) | Upper Level<br>Intake<br>(IU/day) |
| 51-70 year old males   | 800   |  | 2 000                             | 400   |   | 4 000                             |
| 51-70 year old females | 1,000   |  | 2,000                             | 400   |   | 4,000                             |
| >70 years old          | 1,000   |  | 2.000                             | 400   |   | 4,000                             |





## **Dietary Reference Intake (Calcium)**

Calculate

Reset values

| Product                              | Servings<br>Per Day                                     | Calcium<br>(mg) | Total        |
|--------------------------------------|---|-----------------|--------------|
| Milk<br>(8 oz.)                      |   | x 300           |              |
| Yogurt<br>(6 oz.)                    |   | x 300           | +            |
| Cheese (1<br>oz. or 1<br>cubic inch) |   | X 200           |              |
| Fortified<br>Foods &<br>Juices       |   | X 80 -<br>1,000 | *            |
| Note: Incre                          | otal from oth<br>ase this amo<br>nan 250 mg o<br>foods. | unt if you      | <b>a</b> 250 |
| Total Daily                          | Calcium Intal   | ke, in mg       |              |

#### Calcium Calculator

| Foodstuff   | Per Wee | k mg/serving |
|---|---------|--------------|
| Cups of rea or coffee with milk                   | 0       | 45           |
| Milk or milk drinks (e.g. hor chocolate)          | 0       | 250          |
| Cereal or porridge with milk                      | C C     | 155          |
| Milk puddings (custard, ice cream, yoghurt etc.)  | D       | 100          |
| Chocolate bars                                    | O       | 110          |
| Slices of bread                                   | 0       | 30           |
| Portions of cheese                                | 0       | 320          |
| Servings Lasagne, macaroni cheese, mousaka, pizza | 0       | 225          |
| Portions of cottage cheese                        | e       | 50           |
| Eggs  | 0       | 37           |
| Biscuits  | O.      | 30           |
| Portsons of Cake                                  | 0       | 50           |
| Portions of green vegetable                       | 0       | 40           |
| Portions of sardines   pilchards                  | e       | 350          |
| Portions of other fish                            | G       | 50           |
| Oranges   | 0       | 75           |



#### 3 Main Sources of Vitamin D





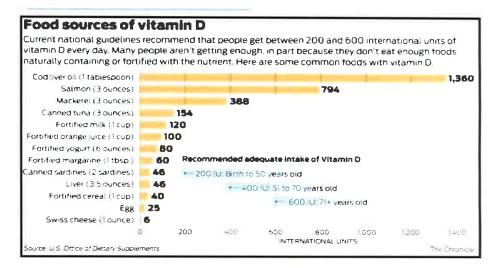






## University Hospitals NHS Birmingham

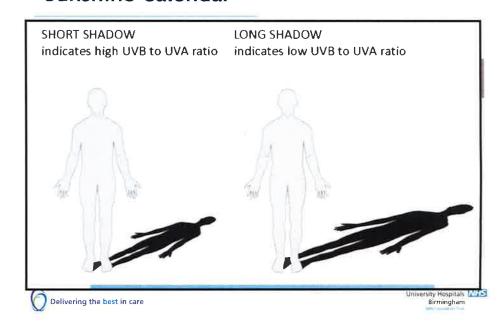
## **Dietary Sources of Vitamin D**







#### **Sunshine Calendar**



### **Vitamin D Supplementation**

#### Examples of vitamin D3 food supplements prescribed in the UK

Hux D3 Pro D3 Valupak Vit D3 Bio-vitamin D3 Osteocaps D3 Aciferol Solgar Sunvit D3

#### Examples of vitamin D3 medicines available in the UK

InVita D3 (colecalciferol) Desunin (colecalciferol) Fultium-D3 (colecalciferol) Plenachol (colecalciferol) Aviticol (colecalciferol) Stexerol (colecalciferol)



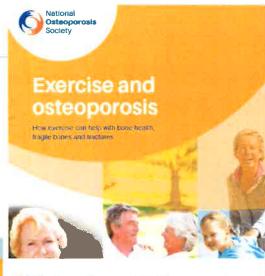


#### **Exercise**

Weight-bearing exercise

30 min/day (5x week)





## Weight-bearing exercise: any exercise in which you are supporting your own body weight through your feet and legs (or hands and arms). Birmingham

## Fruits, Vegetables and Protein

Not Eating Enough Fruits and Vegetables. Eating a wellbalanced diet, rich in fruits and vegetables, is important for healthy bones. In addition to calcium and vitamin D, magnesium, potassium and vitamin K are a few of the many minerals and vitamins that are important for bone health.

Getting Too Much Protein, Sodium and Caffeine, Diets that are extremely high in non-dairy sources of animal protein. sodium and caffeine may cause the body to lose calcium. Eating enough protein, however, is important for bone health. Bone loss may occur in people who eat special "high protein" diets.





#### **Alcohol**

General recommendation: 14 units a week

People at risk of fracture: no more than 3 units a day

#### What does 1 unit of alcohol look like?



drinkaware



## **Smoking**







## **Any Questions?**







## **Key Points**

- 1. About 1.5M men and 7.5M women have osteoporosis.
- 2. People with osteoporosis cannot feel their bones getting weaker, and many people do not know they have osteoporosis until they break a bone.
- Osteoporosis and the broken bones it causes can be prevented.
- 4. Some people are more at risk of developing osteoporosis (very old, family history, under-weight, smoker, steroid use).
- You need to get enough calcium, vitamin D and exercise to keep your bones healthy.
- 6. If you smoke, the only way to protect your bones is to STOP.
- 7. You are never too young or too old to protect your bones. ACT NOW!