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## Early measures key to preventing osteoporosis

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The medical community has seen a flood of new information about osteoporosis in the past few years. This is important, as osteoporosis affects roughly 20 million Americans and leads to approximately 1.3 million fractures in the United States each year. I typically tell my patients that the risk factors include female gender, early menopause, Caucasian race, and poor calcium intake. Other factors include cigarette smoking, being underweight, certain eating disorders, or lack of physical exercise.

But before talking about this topic any further, we need to define normal bone behavior and how it is affected by osteoporosis. Bone in the human body is in a state of constant change. It is a living tissue that is always balancing bone production and bone removal. Osteoporosis occurs when a change in that build up and breakdown process favors the latter. When this happens, there is a decrease in the amount of bone tissue, producing brittle, fragile bones that can result in fracture. Believe it or not, some people who have osteoporosis may have no symptoms until their bones start to break. Once the disease has begun to worsen, a loss of height can even occur.

I usually diagnose osteoporosis by either documenting a typical fragility bone fracture or by measuring bone mineral density. Sometimes the term osteopenia is used to describe a condition where the bone

mineral density is below normal but not severe enough to be considered osteoporotic. To measure the bone mineral density, my patients are usually referred to the radiology department to get a test called a DEXA scan.

As far as treatment is concerned, it is not possible to reverse osteoporosis once it is established. That is why I stress early prevention with patient education. In cases where the osteoporosis is already present, treatment can still help as it can slow down or even halt the progression of this disease.

My belief is that women at risk for developing osteoporosis should take an adequate amount of calcium, either in the form of dairy products and/or calcium tablets. Milk is an excellent source and an 8 ounce glass provides about 300 milligrams (mg) of calcium. In general, the recommended daily calcium intake for young women between the ages of 11 and 24 years is 1200 to 1500 mg. The recommended daily calcium intake for women between 25 and 50 years is 1000 mg. Between the ages of 50 and 65, the recommended daily intake depends on whether or not a woman is taking estrogen replacement therapy. She should consume 1000 mg of calcium per day if she is also on estrogen but 1500 mg of calcium per day if she is not. Women beyond age 65 should consume 1500 mg of calcium daily. I will usually add 400 international units of vitamin D

to the regimen so that the body can absorb the calcium better.

After menopause, many physicians will start giving their patients estrogen or estrogen derivatives in addition to the calcium and vitamin D to treat osteoporosis. This has the added benefit of also reducing the risk of heart disease and menopause symptoms such as hot flashes. However, some people cannot tolerate hormone replacement therapy and for this group of women, the alternatives include a group of drugs called the bisphosphonates or a drug called calcitonin.

With proper medical management and a good working relationship between patients and their physicians, women with osteoporosis can now take more control of their health. In balancing diet, exercise, and sometimes medical treatment, older women can lead active and productive lives more now than ever before.

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