

# MEN AND OSTEOPOROSIS

Osteoporosis is a disease in which bones become fragile and more likely to break. If not prevented or if left untreated, osteoporosis can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine and wrist.

- Today, 2 million American men have osteoporosis, and another 12 million are at risk for this disease.
- Bone density increases until about age 30. After that point, bones start to lose density.
- Bone density is also affected by heredity, diet, sex hormones, physical activity, lifestyle choices and use of certain medications.
- In general, men have larger, stronger bones than women. This may explain why osteoporosis affects fewer men than women.
- Experts agree that all persons should take the following steps to preserve bone health:
  - Recognize and treat any underlying medical conditions that affect bone health. Identify and evaluate the use of medications that are known to cause bone loss.
  - Change unhealthy habits, such as smoking, excessive alcohol intake and inactivity.
  - Ensure a daily calcium intake of 1,000 mg/day up to age 50 and 1,200 mg/day if age 51 and over.
  - Ensure adequate Vitamin D intake. Normally, we make enough Vitamin D from exposure to as little as 10 minutes of sunlight a day. If exposure to sunlight is inadequate, then Vitamin D intake from supplements should be at least 400 IU, but not more than 800 IU/day.
  - Engage in a regular regimen of weight-bearing exercises where bone and muscles work against gravity.

**For more information ask your pharmacist.**



# MEN AND OSTEOPOROSIS

Osteoporosis, a disease that causes the skeleton to weaken and bones to break, is a significant threat to more than 2 million American men. Osteoporosis is found less often in men than women because men have larger skeletons, bone loss starts later and progresses more slowly and men have no period of rapid hormonal change leading to rapid bone loss. One-fifth to one-third of all hip fractures occur in men. Osteoporosis in men has been recognized as an important public health issue, in light of estimates that the number of men above the age of 70 will double between 1993 and 2050.

Several risk factors have been linked to osteoporosis in men:

- Chronic diseases that affect the kidneys, lungs, stomach and intestines or alter hormone levels (e.g., rheumatoid arthritis, COPD, asthma and hyperparathyroidism)
- Undiagnosed low levels of the sex hormone testosterone
- Unhealthy lifestyle habits (e.g., smoking, excessive alcohol use, low calcium intake, inadequate physical exercise)
- Advanced age (the older you are, the greater your risk)



- Heredity (A son is almost four times as likely to have low bone mineral density [BMD] if his father has low BMD, and nearly eight times as likely if both parents have low BMD.)
- Race (Caucasian men appear to be at particularly high risk, but all men can develop this disease.)

Osteoporosis can be effectively treated if detected before significant bone loss occurs. A diagnosis can be made after a complete medical history, urine and blood tests. A bone mineral density scan, a special type of x-ray, can be used to detect low bone density, predict risk for future fractures, diagnose osteoporosis and monitor the effectiveness of treatment.

The treatment plan for osteoporosis includes nutrition, exercise and lifestyle guidelines.

Alendronate (Fosamax<sup>®</sup>) is approved for treatment of osteoporosis in men. Alendronate and risedronate (Actonel<sup>®</sup>) are approved for the treatment of glucocorticoid-induced osteoporosis in men. Teriparatide (Forteo<sup>®</sup>) is approved for treatment of osteoporosis in men who are at increased risk of fracture. For more information on osteoporosis in men, visit the National Osteoporosis Foundation website at [www.nof.org](http://www.nof.org).



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