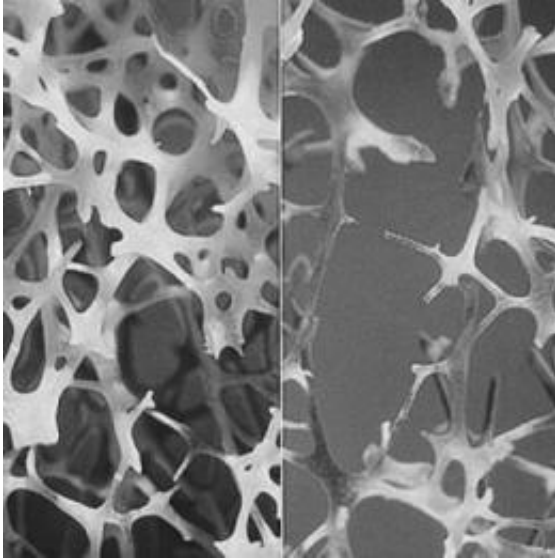


Osteoporosis, not just a woman's disease

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On the left is normal bone and on the right is osteoporotic bone. Credit: International Osteoporosis Foundation

Each year nearly two million Americans suffer osteoporosis-related fractures, and as the population ages that number is expected to increase dramatically, placing a major burden on the health care system. While osteoporosis prevention and treatment efforts have historically been focused on post-menopausal women, a new study from Beth Israel Deaconess Medical Center (BIDMC) suggests that critical opportunities are being lost by not focusing more attention on bone loss and fracture risk in older men.

"Given that the prevalence of fragility [fractures](#) among men is expected

to increase threefold by the year 2050, adequately evaluating and treating men for osteoporosis is of paramount importance," said lead author Tamara Rozental, MD, an investigator in BIDMC's Department of Orthopedic Surgery.

The study results appear online November 5th in *The Journal of Bone and Joint Surgery*.

Rozental, who specializes in hand, wrist and elbow injuries, examined five years of data (2007-2012) from patients who suffered a distal radial fracture, a break near the wrist end of the radius, the larger of the two long bones in the forearm.

"We know that a distal radial fracture can often be an early indication of [bone loss](#). We typically see this type of fracture 10 to 15 years before we might see a [hip fracture](#)," said Rozental, an Associate Professor of Orthopedic Surgery at Harvard Medical School (HMS). "When we treat fractures of the wrist, it gives us the opportunity to do a [bone](#) mass density (BMD) evaluation and, if necessary, get patients into treatment with the goal of preventing more serious injury, like a hip fracture down the line."

Even though existing clinical practice guidelines recommend BMD evaluation after hip fracture for both men and women, studies continue to show that screening rates are unacceptably low, particularly among men, highlighting a critical gap in care. Rozental examined the data to see if the same trend would play out when examining clinical follow up to [wrist fractures](#).

Rozental found that following a wrist fracture, 53 percent of women received Dual X-ray Absorptiometry, the preferred technique for measuring [bone mineral density](#), compared with only 18 percent of men. Additionally, 21 percent of men versus 55 percent of women initiated

treatment with calcium and vitamin D supplements within six months of injury, and three percent of men versus 22 percent of women started taking bisphosphonates, a common drug treatment for increasing bone mass.

"We think it's important to reinforce the fact that osteoporosis is not just a woman's disease," said Rozental. Studies have shown that men have twice the mortality rate of women both during initial hospitalization and in the year following a hip fracture. Survival rates following a wrist fracture, the number-one upper extremity fracture in older adults, also are lower among men.

"Treating men for [bone fractures](#), but not the underlying cause, places them at a greater risk for future bone breaks and related complications," said Rozental. "The results of this study lead us to suggest that [men](#) over the age of 50 with fractures of the distal radius should undergo further clinical assessment and bone density testing to better identify those at high risk for future fracture as well as those who would benefit from further treatment."

Provided by Beth Israel Deaconess Medical Center

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