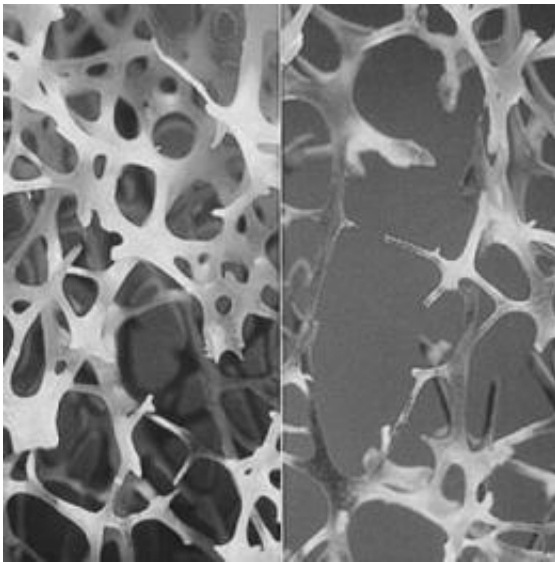


# Men far less likely to prevent, screen for osteoporosis

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

While the consequences of osteoporosis are worse in men than women - including death - older males are far less likely to take preventive measures against the potentially devastating bone-thinning disease or accept recommendations for screening, according to startling new research by North Shore-LIJ Health System geriatricians.

Geriatric fellow Irina Dashkova, MD, designed and led a cross-sectional survey of 146 older adults in New York and Florida that showed

stunning gender differences in perspectives, beliefs and behaviors surrounding osteoporosis, which primarily affects women but also affects up to 2 million American [men](#). Another 8 million to 13 million men in the United States have low [bone mineral density](#), a condition known as osteopenia that's a precursor to osteoporosis.

"We were surprised at how big a difference we found between men and women regarding osteoporosis," said Dr. Dashkova, lead author of the study, which is scheduled for presentation at The American Geriatrics Society's 2015 Annual Scientific Meeting, which will take place in Washington, DC, from May 15-17.

"The fact that longevity is increasing in our population is wonderful. But we know from research that when men suffer fractures, their mortality is higher than in women and that severe medical consequences and loss of independence are much more prevalent in men," she added. "In our environment, you just get this perception that osteoporosis is a women's problem. This has to be changed, and the sooner the better."

More than 10 million Americans suffer from osteoporosis - raising their risk for serious [bone fractures](#) - and another 43 million have low bone mineral density, according to the National Osteoporosis Foundation. Prior research showed that 13% of white men in the United States over age 50 will experience at least one osteoporosis-related fracture during their lifetime.

Strikingly, the risk of death after sustaining a hip fracture is twice as high in men compared to women, and loss of independence is also more common in males. Some medical conditions and drugs that can affect osteoporosis risk are male-specific, such as prostate cancer drugs that affect the production of testosterone or the way it works in the body.

Dr. Dashkova's research, in which she collaborated with mentoring

author Gisele Wolf-Klein, MD, director of geriatric education for the North Shore-LIJ Health System, examined the psychological and social factors surrounding osteoporosis influencing each gender.

Among the 146 survey respondents, roughly one-third were men with an average age of 72. More than 70% were white. Women were far more likely to have never smoked compared to men (78.8% compared to 21.3%) and markedly more likely to report a family history of osteoporosis (nearly 91% compared to 9.1%).

Additionally, while most women would accept osteoporosis screening if offered, less than 25% of men would, the survey found. Women were also more than 4 times as likely as men to take [preventive measures](#) against osteoporosis, such as taking calcium and vitamin D supplements to strengthen bones.

Dr. Wolf-Klein, also program director for the geriatric fellowship at North Shore-LIJ, noted that osteoporosis testing involves a painless, quick procedure known as a DXA scan that shouldn't be considered fearsome. But healthcare providers also aren't encouraging men to undergo screening as often as they should, she said.

"Our survey clearly establishes that physicians are just not thinking of screening men. It's only when older men fall and break their hip that someone thinks maybe we should do something to prevent them breaking the other hip," Dr. Wolf-Klein said. "Not only is society in general unaware of the problem of [osteoporosis](#) in men, men are not seeking screening and diagnosis."

Drs. Dashkova and Wolf-Klein hope their new study prods greater awareness among the public as well as clinicians, including specialists in areas such as cardiology, nephrology and endocrinology who are caring for more older adults as the population ages.

"We geriatricians are delighted to see that longevity is increasing in both males and females," Dr. Wolf-Klein said. "The average age in my practice is in the 90s, and our patients are to be congratulated because clearly they're doing something right. But we have a duty to make sure those later years are as happy and productive as can be and not spent in a wheelchair."

Provided by North Shore-Long Island Jewish Health System

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