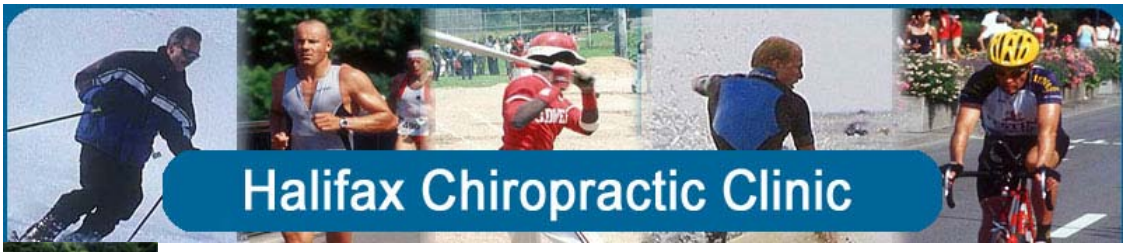

ARE YOU DENSE?
by Dr. Brian S. Seaman, DC, FCCSS(C), FICC

Back when we were younger, this question would be uses in a somewhat derogatory manner, to insinuate that the person you were talking to was stupid or lacking intelligence. However in the 21st century, one of the most common and most important health conditions as we grow older, is whether our bones are “dense” enough. If not---this is referred to as osteopenia and osteoporosis.

What is the difference?

As we get older, we all loose some of our bone mass----a little bit is called osteopenia. By definition, this is diagnosed when the ‘T score’ of a bone density study (done at the hospital) is less than -1.0, but greater than 2.5.

Osteoporosis is a greater degree of bone loss and as you would expect, increases the chance of you breaking a bone (fracture). In a bone density study this would be a ‘T’ score, in an individual fifty years or older, of -2.5 or less.

Source: Canadian Association of Radiologists Clinical Practice Guidelines, JACR (June 2005).

By the way

Please don’t use the term ‘osteo’ when speaking to your health care professional. ‘Osteo’ simply means bone, so technically all of us have ‘osteo’! ‘Osteo’ is used in describing many bone related conditions such as osteoarthritis (most common type of arthritis), osteophyte (bone spurs), osteomyelitis (bone infection), osteopetrosis (increased bone density) or osteosarcoma (a type of bone cancer).

How do I know if I have osteoporosis?

The vast majority (about 80%) of cases of osteopenia or osteoporosis are women. However this condition can also affect men.

Factors that can contribute to a loss of bone mass include:

• Family history of osteoporosis.
• Smoking.
• Excessive alcohol or caffeine consumption.
• Long term steroid use ie. prednisone.
• Underactive thyroid (if prescribed Synthroid by your family physician).
• Body type (thin or small bone structure).

What is a bone density study?

The best way to determine that you indeed have osteoporosis, is to have a special type of x-ray test that will measure the density of your spine and hip (usually the nondominant hip; so if your right handed, the left hip will be tested). Usually this will be done once you are menopausal, but can be done earlier depending upon your health history. You should discuss this with your health care professional.

A bone density study is done by using two (2) different x-ray beams. It is fast and uses very low levels of radiation. The computer of the bone densitometer will calculate the T-score (as mentioned earlier) which compares your bone density to that of a younger person.

What can I do?

First and foremost is to be aware of the potential risk factors. If you are concerned, discuss this with your health care professional and in particular, whether a bone density study should be scheduled.

You should also:

• Have three (3) servings of dairy products daily (such as milk, yogurt and cheese).
• Take Vitamin D and a calcium supplement daily (vitamin D for the calcium to be absorbed).
• Do weight bearing exercises (ie. walking or running).
• Weight training exercises (to increase the density in your upper body; especially your arms—wrist fractures are common with an older population).
• Discuss with your family physician if medication would be appropriate (ie. Fosamax, Actonel, Didiracal, Evista and etel).
• Do balance exercises. If you are unsure about your balance check with your local chiropractor about obtaining The Canadian Chiropractic Association's "Best Foot Forward" program. Improving your balance and taking precautions around the house reduces the chance of you falling and breaking a bone.

How important is balance?

Very! Did you know that more than 300,000 hip fractures occur every year in the United States. Obviously there a lot in Canada as well. What is of concern, is that many individuals who suffer a hip fracture, were quite mobile and active before falling. Yet many do not regain the daily level of activity they had before. Not only are individuals who fracture a hip more likely to have another bone fracture (2.5 more times likely), convalescing with a hip fracture causes immobility which leads to further bone loss. This can predispose you to a second hip fracture. (Source: Editorial – New England Journal of Medicine, September 2007).

Be pro-active!

Be aware of your risk factors and take steps to reduce the possibility of bone loss. Eat right, exercise, go for a walk, do some light weights at home, and work on your balance.

Want to learn more?

Check the Osteoporosis Canada website at www.osteporoses.ca or call 1-800-463-6842 to find a local chapter of Osteoporosis Canada in your area. November is Osteoporosis month in Canada.

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