



Halifax Chiropractic Clinic

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"Update: 'Boning Up' on Osteoporosis" by Dr. Brian S. Seaman, DC, FCCSS(C), FICC

'Osteo', 'brittle bones', 'my spine's collapsing' - all of these are comments which chiropractors often hear from the patients.

Osteoporosis is one of the 'silent diseases' which is becoming a significant factor within our health care system. It is not unusual to read about this condition which is frequently described as a "silent thief" - a very appropriate description.

Often the loss of the bone density occurs with no symptoms. Before you know it, you are taking calcium supplements (with Vitamin D to enhance absorption) or your family physician may have prescribed a biphosphonate (such as Fosamax, Actonel or Didrical).

Let's get the facts...

- It is estimated that approximately 1.4 million people in Canada have osteoporosis but unfortunately - most do not know it!
- The cost of treating osteoporosis and related complications in Canada alone, is estimated to be \$1.3 billion each year!
- One in four women over the age of 50 has osteoporosis.
- Women are four times as likely as men to develop osteoporosis, primarily when estrogen levels decrease with menopause. In other words, 8 out of every 10 individuals with osteoporosis are women.
- In the fourth decade of life (which means you are in your 30's) women lose 1.5-2% of their bone density per year!

Gentlemen - Did you know?

Men can get osteoporosis as well. The Osteoporosis Society of Canada states that at least one out of 8 men over the age of 50 has osteoporosis (that's about 12-13%!). During the fourth decade of life, they use 0.5 to 0.75% of their bone density.

Did you know that in Canada, 25,000 hip fractures occur every year of which 70% are attributed to osteoporosis. That's about 17,500 hip fractures related to this disease. The Canadian Multi-centre Osteoporosis Study (CAMOS) says that about 1/3 of these individuals with hip fractures are men. That means that about 6,000 men break their hips due to osteoporosis every year. Surprising, isn't it?!

What to look for...

- Are you over the age of 50?
- Are you thin? (Personally I like to think in terms of being 'lean!')
- Have a small frame?
- Have you lost any height?
- Asian or Caucasian?
- Strong family history of osteoporosis?
- Inactive or sedentary?
- Do you smoke or drink excessively?
- Do you consume a lot of caffeine drinks (coffee, tea, colas; more than four per day)?
- Is there a significant family history of osteoporosis?
- Do you have any long-standing neck or back pain?
- Have you had long standing steroid therapy (like with asthma)?
- Do you have rheumatoid arthritis?
- Do you take Synthroid (for hypothyroidism)?
- Early menopause (before the age of 45)?

What to do...

If the answer to many of the questions above is 'yes' then you should consult with your health



care professional. There are a variety of 'major' and 'minor' risk factors which can be checked on the website of the Osteoporosis Society of Canada (www.osteoporosis.ca).

Also be cautious if you are using a specialty diet, many of which are promoted by the media. Be sure to talk to your health care professional or a dietician about this. Some diets may actually worsen your condition.

Your health care professional can review your health history and if deemed necessary, arrangements can be made by your physician for a bone density study. The usual age for base line is usually 50 but depending upon your situation and family history, sooner may be better.

A bone density study will usually check your lower back (lumbar spine) and non-dominant hip. In other words, if you are right handed, your left hip will be checked.

When you get the results of your bone density study be sure that you understand the results. Spend some time talking with your health care professional. Ask what your 'T-score' is and understand how this relates to your situation.

What is a T-score?

The World Health Organization (WHO) has established guidelines for testing for 'Bone Mineral Density' (BMD) which is used for diagnosing osteopenia and osteoporosis. This involves establishing standard deviations (or SD; using computer generated formulas) and creating what is called a T-score. The T-score compares your situation to that of an individual that has a maximum level of bone density - also referred to as 'peak bone mass'. The T-score is reported in units called 'standard deviations' - this tells you how dense your bones are compared to a young adult (who is presumed to have 'peak bone mass'). For every SD below normal, your risk of fracture doubles.

A normal T-score is considered down to -1.0 standard deviations.

A T-score of -1.0 to -2.5 is considered osteopenia. This is an early stage of bone loss but is not considered osteoporosis.

Less than -2.50 standard deviations is defined as being diagnostic of osteoporosis.

What can I do?

To put it simply - **exercise!**

Weight bearing activity on a regular basis (at least 3-4x/week) is essential. This could include a brisk walk (swinging your arms to increase upper back tone). Do not saunter or 'dilly-dally' when you are walking). Jogging or running is also good. Bone density is directly proportional to muscle mass so weight training is also a very good approach to osteoporosis.

In addition to medication which helps to retain calcium, you should talk to your family physician as to whether hormone replacement therapy (HRT) is an option for you.

Want to learn more?

You can get more information on osteoporosis from the Osteoporosis Society of Canada which was established in 1982.

That organization's toll free number is 1-800-463-6842.

The organization's website is www.osteoporosis.ca.

Osteoporosis Quiz

There is a quick quiz available from the Osteoporosis Society of Canada which takes about 60 seconds (it took me only 35 seconds). 'Risk Quiz' is on the right side of the home page of the OSC or phone at the number above.

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