

By: Joseph P Bernardini M.D.

Osteoporosis means “porous bone”, which means your bone has loss density or mass. Osteoporosis happens when you lose too much bone; make too little bone, or both. The more bone you have at the time of peak bone mass, around 20 yrs old, the better.

After you reach peak bone mass the balance between bone loss and bone formation starts to change. This begins at midlife and increases for both men and women. For most women this bone loss sharply increases after menopause with the loss of estrogen.

Osteoporosis Prevalence: Currently more than 10 million Americans have osteoporosis. Eighty percent are women and twenty percent men. Significant risk has been reported in people of all ethnic backgrounds, with higher percentages found in non-Hispanic, Caucasian and Asian women and less in black women and men.

Risk Factors: Contributing to the likelihood of developing osteoporosis and fractures include:

- Female
- Older age
- Genetics/heredity
- Small and thin
- Race/ethnicities : Caucasian, Asian, or Hispanic although African Americans are also at risk
- History of fractured bones
- Low sex hormones : estrogen levels in women
- Low levels in men of testosterone and estrogen.
- Diet: poor nutrition, low intake of calcium and vitamin D or excessive intake of protein, sodium, and caffeine. Needed are supplements of calcium, Vitamin D, magnesium, potassium, B6, B12.
- Inactive life style
- Smoking
- Alcohol abuse

- Medications such as steroids ,anticonvulsants (Dilantin)
- Depression (Lexapro, Prozac, Zoloft) G.I. disorders (Nexium) and medicines for IBS and eating disorders.

Fractures: The most common broken bones associated with osteoporosis are vertebral (spine), hip, and wrist, but not limited to these.

Diagnosis: Plain x-rays, blood tests for Vitamin D, calcium, phosphorus, thyroid studies, hormone levels and a specialized test called bone mineral density or DXA (dxa-scan) are commonly used to diagnose osteoporosis.

A BMD (bone mineral density) test performed by a central DXA Scan can:

- identify a person who has low bone density before fractures occur.
- determine if a person’s bone density is staying the same or improving with treatment.
- predict the chances that a person will have the likelihood of future fracture.
- help a healthcare provider decide if treatment is needed.

Prevention and Treatment: We at South Jersey Center for Orthopedics and Sports Medicine will help you understand the problem and guide you through treatment. Medications of various types and categories can be used to help prevent further bone loss and some may help restore bone density. Bisophonates such as Fosamax, Boniva, Actonel, and Reclast are common treatments. Hormones such as Estrogen with or without Progesterone and an Estrogen antagonist, Evista may also be used. Bone forming medications or parathy-

roid hormone, Forteo, can be prescribed in certain cases.

In addition to these medications it becomes necessary to supply our bodies with calcium and Vitamin D. Foods like tuna, salmon, egg yokes, liver or enriched with additives such as orange juices, soymilk and cereal. The use of too much calcium however, can cause kidney stones.

Foods which interfere with calcium absorption include caffeine and high animal protein (navy beans, peas, legumes, 100% wheat brand). Non-fat powdered milk contains 50mg of CA, and may be added to foods. Take purified Calcium only after eating. Calcium citrate absorbs well and will bother your GI tract the least. If increase of stomach gas or constipation occurs add more fluids and or fiber to your diet. Start off low and gradually increase the dosage. The National Osteoporosis Foundation (NOF) recommends adults under age 50 need 1000mg of calcium and 400-800 IU of vitamin D daily. Over age 50, 1200 mg of calcium and 800-1000 IU of vitamin D daily.

living. Treatment consists of rest, analgesics, NSAID medications and muscle-relaxants for a short time. Bracing may be used for a period of about 3 months and is used when out of bed.

An alternative treatment that I have been doing since 2001 is Balloon Kyphoplasty. It is a minimally invasive procedure which reduces the compression and internally stabilizes the fractured vertebra, thereby eliminating the need for bracing. Patient’s are usually able to return home the same-day or after a “23-hour stay” in the hospital.

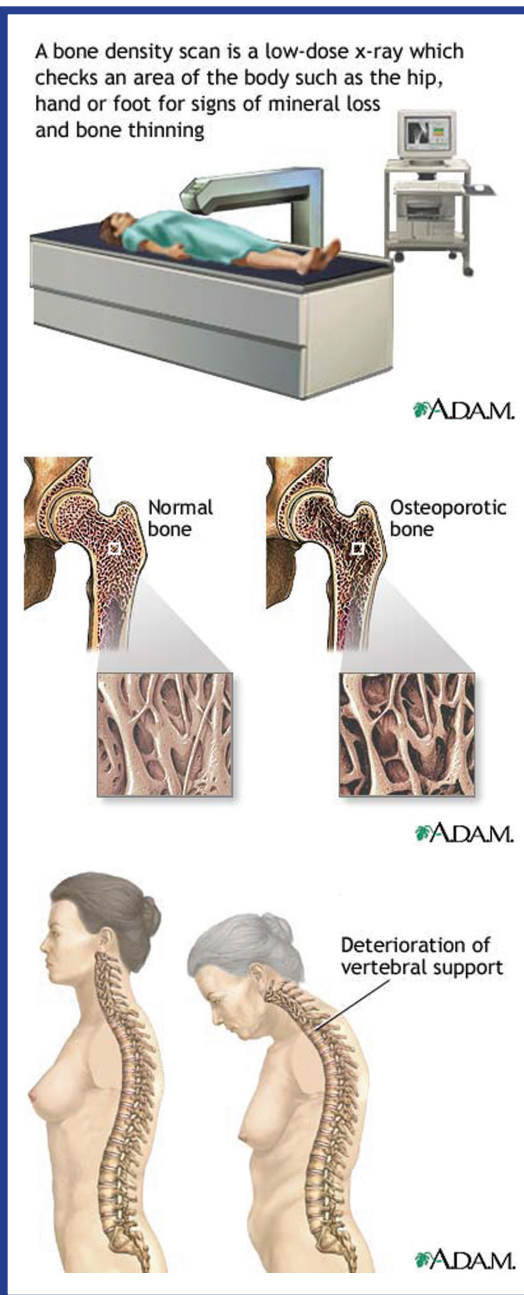
Hip fractures, can present with pain on the front of the thigh or groin, usually accompanied by inability to comfortably stand or bare weight. With displacement of the fracture, inability to move, stand, or walk is usually present. Hip fractures require emergent treatment and always result in hospitalization and surgical stabilization.

The third most common site of fracture is the wrist. Treatment depends on the severity of the break, its stability and degree of displacement. A simple cast (below or above elbow) for the less complex fracture is usually all that is needed. For the more involved, a variety of internal stabilizing devices such as pins, screws, and or plates are often used.

REMEMBER: Osteoporosis is a debilitating disease that can be prevented and treated! Ask your doctor or contact our office to see if it’s the right time to begin screening.

The physicians and staff of SOUTH JERSEY CENTER FOR ORTHOPEDICS AND SPORTS MEDICINE are always available to assist you with your healthcare needs.

Sincerely,
Joseph P Bernardini M.D.



Fracture Treatment: As an Orthopedic Surgeon, I have spent the better part of the last 30 years treating fractures resulting from osteoporosis. Most of them occur in the spine, hip, and wrist. Spinal compression fractures occur as wedge-compression or the more serious burst fracture. A person with sudden changes in the degree of back pain, persistent and severe pain more intense with motion or standing, may have a spinal fracture. Fractures can occur from a simple cough, sneezing, or lifting a window, or from activities of daily



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