

How Do You Treat Patients With Osteoporosis?

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As you are well aware, osteoporosis is a major health care problem affecting almost 30 million Americans today. No doubt, many of the patients you will see this week are affected by osteoporosis. In fact, the incidence is so great that osteoporotic fractures in women occur at a rate greater than that of heart attacks, stroke, and breast cancer combined.

The importance of managing osteoporosis, of course, is beyond the incidence: the importance is in the burden of the disease. The burden is such that two-thirds of patients who have fractures never regain function to their pre-fracture levels. This makes osteoporosis especially catastrophic as we work to maintain and improve the quality of life for our patients.

The signs of osteoporosis, which are not natural consequences of aging, include the following:

- Height loss
- Dowager's hump
- Back pain
- Fragility fracture

Even before these signs of osteoporosis appear, clinicians can identify seniors at risk (Box 1) so that steps can be taken to prevent these signs from ever developing.

Obviously, although some of these risk factors are not preventable, others are. To help prevent these

Risk Factors for Osteoporosis

Old age
 Female
 Family history and personal history of fractures as an adult
 Caucasian and Asian descent
 Small-boned and thin build (under 127 pounds)
 Normal or early menopause (brought about naturally or because of surgery)
 Current cigarette smoking
 Excessive alcohol use
 Inadequate calcium intake
 Little or no weight-bearing exercise
 Medications/chronic diseases

risks, we must educate patients about osteoporosis and fall prevention and encourage smoking cessation, adequate nutrition, and limited alcohol and caffeine intake.

The clinical evaluation starts with a comprehensive medical history of signs and symptoms of bone mineral loss, an assessment of risk factors of osteoporosis, and a physical examination. Diagnostic studies for osteoporosis are bone mineral density (BMD) testing (assessed by dual x-ray absorptiometry [DXA]), quantitative

ultrasound of the heel, quantitative computed tomography or radiography looking for osteopenia, and radiography for vertebral deformity.

The BMD is recommended to women who are:

- Postmenopausal and younger than age 65 who have one or more additional risk factors for osteoporosis (in addition to being postmenopausal)
- Age 65 and older regardless of additional risk factors
- Postmenopausal who present with fractures (to confirm diagnosis and determine disease severity)
- Considering therapy for osteoporosis if BMD testing would facilitate the decision

Those seniors already being treated for osteoporosis should be encouraged to continue their therapy because the treatment of osteoporosis is lifelong. Treatment includes 1200 mg of calcium and 600 IU of vitamin D daily as well as taking a bisphosphonate as directed. By identifying seniors at risk, aggressively seeking out treatment, and encouraging continuation of therapy, we can help seniors avoid the burden of osteoporosis and maintain their quality of life.

Source: National Osteoporosis Foundation

Starting with this issue of *MPM*, we will present information on a clinical issue and ask for your insights on the topic. We start with osteoporosis.

Please take just a few moments—I promise—to respond to questions posted at www.medicarepatientmanagement.com about your treatment of patients with osteoporosis. We will gather your responses and provide a recap in the next edition of *MPM* (July/August).

One respondent will be chosen at random to win an iPod Nano. Please help by sharing your knowledge. You may be chosen to receive a little Apple as a result!

