

Managing menopause and osteoporosis

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OSTEOPOROSIS typically starts at the age of menopause, which commonly occurs around 50 years old. However, menopause may not be the only reason as it can also be triggered by secondary factors.

These include vitamin D deficiency, prolonged steroid usage, medical conditions characterised by either high or low calcium levels, and certain endocrine disorders such as diabetes. Cushing's syndrome, acromegaly, hyperthyroidism and premature menopause (occurring before the age of 45) are also contributing factors.

Additionally, those with a family history of first-degree relatives experiencing hip fractures may also be at increased risk for developing osteoporosis.

These secondary causes contribute to the complexity of osteoporosis risk assessment and management strategies, says Prince Court Medical Centre consultant endocrinologist Dr Malathi Karupiah.

“Menopause represents a natural ageing process, yet deficiencies in specific vitamins can accelerate its effects.”

Key nutrients like vitamin D and calcium are crucial for bone health.

Factors such as excessive alcohol consumption (more than three drinks per day) and high caffeine intake (more than three drinks daily) can increase calcium excretion through urine and faeces, potentially leading to a negative calcium balance despite dietary intake.

Additionally, low body weight (BMI of less than 19), smoking, a sedentary lifestyle and chronic diseases — such as chronic kidney disease, chronic liver disease, rheumatoid arth-

ritis, systemic lupus erythematosus, stroke, diabetes mellitus, irritable bowel syndrome, malignancy and multiple myeloma — can exacerbate bone density loss and osteoporosis risk during menopause, says Dr Malathi.

These combined factors underscore the importance of comprehensive health management strategies to mitigate the impact of menopause on bone health.

Prevention of osteoporosis involves several measures.

Maintaining a healthy body weight, limiting caffeine intake, avoiding smoking, moderating alcohol consumption and engaging in regular exercise are vital aspects.

Additionally, once osteoporosis is detected, treatment can halt its progression.

Anti-resorptive agents or anabolic medications may be prescribed to reverse bone loss, says Dr Malathi.

“Alongside medication, calcium and vitamin D supplements play a crucial role in supporting bone health.

“These combined efforts aim to mitigate the impact of osteoporosis and promote bone strength and density.”

Ensuring adequate intake of calcium and vitamin D is essential for maintaining bone health. While sunlight exposure provides natural vitamin D, dairy products are also rich sources of these nutrients.

Recommended daily intakes range from 800 to 1200 IU of vitamin D and 1200 mg of calcium, which support peak bone mass development.

“Vitamin D2 from plant sources and D3 from animal sources are beneficial, but excessive alcohol and caffeine consumption can contribute and lead to calcium excretion and negative dietary balance.”

Menopausal hormone therapy (MHT), formerly known as hormone replacement therapy (HRT), is recommended for women within 10 years of menopause onset or under 60 years old, particularly for managing menopausal symptoms effectively, says Dr Malathi.

These measures aim to promote bone health and minimise the risk of fractures and osteoporosis-related complications.

KEEPING BONES STRONG

Maintaining strong bones requires a multifaceted approach, including regular strength training, weight-bearing

exercises and resistance activities like brisk walking and line dancing.

Supplementing with medications can also support bone health. Furthermore, it's crucial to limit alcohol and sugary foods as they can contribute to inflammation, which negatively impacts bone strength.

By incorporating these strategies into a healthy lifestyle, individuals can enhance bone density and reduce the risk of fractures and other bone-related complications.

The hip is the largest weight-bearing joint in the body, making it particularly susceptible to osteoporosis-related fractures.

Unfortunately, osteoporosis remains underdiagnosed due to a lack of screening programmes and general awareness, says Dr Malathi.

Despite its significant impact on bone health and quality of life, many individuals are not adequately screened or informed about the risks associated with osteoporosis, highlighting the need for increased awareness and screening initiatives to address this health concern. “Osteoporosis presents a significant health threat, often remaining undetected until a fracture arises, earning its reputation as a silent disease.”

Low body weight and obesity are recognised as risk factors for fragility fractures. Prevention stands as our strongest defence, says Dr Malathi, and screening offers a straightforward means to achieve this.

Considering the consequences of fractures, such as immobility and subsequent healthcare costs, regular screening and medication interventions to bolster bone strength are far more cost-effective and beneficial in the long run.