Osteoporosis Occurs in Men, Too

VISN 8 Patient Safety Center
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Hi, and welcome to this educational program about osteoporosis with a special focus on men.

When most people hear about osteoporosis they think about women because of their increased risk after menopause.

However, we’re focusing on men in this training session because osteoporosis occurs in men too. Yes, both women and men are at risk for osteoporosis. While some risk factors are common to both genders, not all educational programs address men. We hope to fill this gap by teaching you what you can do to take charge of your bone health.

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Let’s start with the first question. What exactly is osteoporosis?

According to the National Osteoporosis Foundation, osteoporosis is a disease in which bones become fragile and more likely to break. People may not know that they have osteoporosis until their bones become so weak that a sudden strain, bump or fall causes a fracture or vertebra to collapse.

Osteoporosis is a silent disease that does not produce outward symptoms, except than loss of height, or possibly a fracture.

You may have heard the term “osteopenia” too. Osteopenia means that you have a lower bone mass than normal for your age. Osteopenia may develop into osteoporosis unless you take steps to preserve and strengthen your bones.

The second question you may ask is how common is osteoporosis and fractures?

In 2004, the Surgeon General reported that about 10 million Americans over age 50 have osteoporosis and another 34 million are at risk for the disease.

Estimates predict that 1 to 2 million American men have osteoporosis and 8-13 million others osteopenia.

The incidence of fractures in the hip and spine increase with age in men. Similar to the increase in women. Because men are generally older when they develop osteoporosis, men are more likely to experience fractures later in life compared to women.
The rate of hip fractures is 2 to 3 times higher in woman than men. Men age 65 and older sustain 25 to 30% of all hip fractures. Experts predict that by the year 2050, 1.8 million hip fractures will occur worldwide each year in men.

The 1-year mortality following a hip fracture is nearly twice as high for men as for women. Because men are generally older when they develop osteoporosis they are more likely to die after a hip fracture.

In one study, men had a 32% risk of dying compared to 17% in women in the first year after the fracture.

Vertebral or spinal fractures are the most common type of fracture caused by osteoporosis. With severe bone loss, spinal fractures can occur at any time as the result of something as minor as coughing or lifting a bag of groceries.

The accumulation of many small fractures can cause the spine to compress and height may be lost. The loss of height may be so gradual that it may not be obvious. In other words, a person with osteoporosis may only notice that clothes don’t fit quite the same way. Spinal fractures can lead to pain and difficulty moving around. Eventually the spine can become deformed and curve forward.

In this program, you’ll learn first about myths related to osteoporosis. To dispel these myths, we’ll review facts about your risks and help you to know about the consequences of osteoporosis. Next, we’ll review actions that you can take to help prevent osteoporosis. We’ll also review important information that you should know if you’re diagnosed with osteoporosis. Finally, you’ll learn about strategies for healthy living that you can integrate into your life whether or not you have been diagnosed with osteoporosis.

Let’s start with the common myths associated with osteoporosis.

The most common myth is that osteoporosis happens only in women. It’s true that woman are at risk for the disease, especially after menopause. However, men get osteoporosis too.

The second myth is that only women should be evaluated for osteoporosis. This is not true. Evaluation may be especially important for men with a fracture, a disease that lowers bone mass, or taking medications that may lower bone mass.

Talk to your doctor about whether you should be screened for osteoporosis.

Some people think that if a man has worked hard, his bones will always be strong. You may be one of those people. Men often think that if they had an occupation that involved hard labor, such as working on loading docks, for the postal service, in construction, or farming, or for the military, that they are not at risk. Well, this is the third myth.

Both age and lifestyle can affect a man’s bone health. Some of the changes men through as they age, as well as certain risk factors, can contribute to osteoporosis. We’ll discuss some of these risk factors shortly.
In general, men develop osteoporosis later in life than women, and the last common myth that you probably hear from men is that only women will break a bone if they fall. In fact, both women and men with osteoporosis who fall are equally at risk for breaking a bone.

Here is a picture that shows the bones that have the highest percent of bone loss with aging. No matter what the age of the person with osteoporosis we believe that it’s important for you to learn about osteoporosis and your risk factors so that you can continue to live a healthy life. (Picture shows a skeleton with arrows pointing at spine, greater trochanter, wrist and ankle bones.)

So, let’s discuss the facts about osteoporosis in men.

First, several lifestyle factors affect your bone health. Evidence indicates that a history of smoking is a risk factor for osteoporosis. If you smoke, you could be damaging more than just your lungs, smoking affects your bones too. So, ask your doctor for ways to stop smoking.

Additionally, a history of excessive alcohol intake is another risk factor and can damage your bones. So, ask your doctor for ways to stop or at least reduce the amount of alcohol you consume.

Exercise, in contrast, helps to build healthy bones.

If you engage in weight-bearing exercises such as weight lifting, running or walking, your bones will be stronger as you age. Ask your doctor about an exercise program that’s right for you.

Also, if you enjoy drinking milk and ingest enough calcium elsewhere in your diet, your bones may stay stronger. However, 50% of men age 60 and older get less than the recommended 800 mg of calcium in their daily diets.

Genetics, exercise, and other factors contribute to differences in bone mass of various skeletal sites.

If you don’t have enough vitamin D in your body, you may have vitamin D insufficiency. Insufficiency can occur as a result of inadequate exposure to sunlight due to the use of sunscreens, or clothing covering the skin. People who live in Northern latitudes have less exposure to the sun and have a higher incidence of vitamin D insufficiency.

Sunlight is a major source of vitamin D. It enters the skin which starts the process of converting cholesterol into vitamin D. Vitamin D helps increase the absorption of calcium from the food that we eat. With aging, the ability to convert cholesterol into vitamin D in the skin decreases.

Vitamin D insufficiency can also occur because of limited absorption through the intestines. As we age we have decreased ability to absorb Vitamin D, and our diets may lack the necessary foods for proper vitamin D intake, therefore we may need to eat more calcium and vitamin D fortified foods like milk and juice or take supplements.

Some people have medical conditions that require medications that may cause bone loss. These include corticosteroids and anti-seizure medications.
So, men too can fracture bones. The lifetime risk of a hip fracture after age 50 is about 6% for white men in the US. 20 to 30% of all hip fractures occur in men.

Because men are generally older when they develop osteoporosis they are more likely to die after a hip fracture. You should also know that men are less likely to receive treatment for osteoporosis, even after fracturing a hip! 27% of men are treated compared to 71% of women.

These statistics reinforce the importance of increasing osteoporosis awareness among men.

Osteoporosis is a systemic, skeletal disease. A bone mineral density test or BMD test can be used to measure how dense your bones are at multiple skeletal sites including the spine, the proximal femur where the thigh bone and hip meet, forearm, and the total body

It is a simple, non-invasive test. Talk to your doctor about if this test is right for you.

However, there are actions that you can take to help keep your bones healthy.

First, talk to your primary care provider about your risk factors for osteoporosis and whether it’s appropriate to start taking calcium and vitamin D supplements. You may think that a daily multivitamin provides enough calcium and vitamin D but this may not be the case. If you’re 51 or older, it’s recommended that you get 1200 mg of calcium and 400 to 800 international units of vitamin D each day.

Also, discuss whether you should be evaluated for osteoporosis. If your doctor decides you have osteoporosis he or she may prescribe a medication to help manage the disease. To reduce your risk of developing osteoporosis stop smoking and do not drink alcohol. Increasing your activities and exercise level is always healthy and will improve your bone and overall health. Talk to your doctor about a plan that suits you.

This slide reviews the value of healthy nutrition. Eat vegetables high in calcium such as dark green vegetables such as broccoli, kale, and collard greens.

Eat diary products like milk, cheese and yogurt.

Eat calcium-fortified foods like cereal, juices and breakfast bars, but read those labels.

Eat canned salmon or sardines. Eat vitamin D fortified milk and liver. And finally, eat adequate amounts of protein.

Other non-pharmacologic interventions include calcium and vitamin D supplements, weight-bearing exercises, reduction of other risk factors, and the reduction of risk of falls.

Treatment strategies should be individualized for each patient. With choices depending on age, the presence or absence of existing fractures and the degree of bone loss.
To avoid injury, reduce your risk of falling by talking to your doctor about your risk for falls and injury. Ask about exercises that could improve your gait or balance. Using a cane or walker if your healthcare provider suggests it. And, reducing hazards in your home like small rugs and low tables.

If you’ve had several falls, begin a fall diary and record when, where, and how you fell; resulting injury; and any need for treatment. Share your diary with your healthcare provider and discuss ways to reduce your risk of falls.

Record the date if your doctor evaluates you for osteoporosis.

Also, keep track of the medications and supplements you’re taking to strengthen your bones.

We have been talking about prevention of osteoporosis. Although it’s true that women are more at risk for this disease, especially after menopause, it’s important for men to learn about osteoporosis and its risk factors so that they can continue to live healthy lives.

As you get older, your risk for osteoporosis increases. If you’re at risk for osteoporosis, taking steps today may prevent serious problems in the future.

Remember, you must be your own best advocate for healthy living.

Here’s to your health!

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