BONE HEALTH IN MENOPAUSE

Invest in your long-term health

What is osteoporosis?
Osteoporosis is a condition where bones become weak, brittle and more prone to fractures. This happens when bones lose their strength due to hormonal changes, particularly the drop in oestrogen during menopause, or from deficiencies in calcium or vitamin D.

Who is affected?
Osteoporosis is common, especially in postmenopausal women. It affects 1 in 3 women, compared to 1 in 5 men. After menopause, the body's rate of bone breakdown (resorption) starts to exceed the rate of bone rebuilding, leading to bone loss.

Bone loss and menopause
Bone loss is a natural consequence of menopause. Low oestrogen levels after menopause cause an increase in bone resorption, reducing overall bone mass, which significantly increases the risk of fractures. In fact, more than half of postmenopausal women will experience a fracture later in life.

Why is fracture risk assessment important?
Assessing fracture risk helps identify those who are most likely to benefit from treatment. While bone density is an important factor, other clinical risks such as age, weight, smoking and physical activity also play a role in determining your overall risk of fractures.

Managing postmenopausal osteoporosis
There are various ways to slow bone loss and lower fracture risk:

- **Menopausal Hormone Therapy (MHT):** MHT can help delay bone loss in postmenopausal women by replenishing oestrogen levels, which protects bone density.

- **Lifestyle changes:** Maintaining a healthy weight is important. Having a lower body mass index (BMI), particularly if BMI is less than 20, can significantly increase your risk of fractures. Regular weight-bearing exercise and avoiding smoking also contribute to better bone health.

- **Calcium and Vitamin D:** The role of calcium in preventing fractures is debated. While calcium combined with vitamin D can reduce fracture risk in older, vitamin D-deficient women, routine calcium supplementation may cause gastrointestinal issues, kidney stones, and could potentially increase cardiovascular risks, though this remains uncertain. Vitamin D, produced through exposure to sunlight, helps regulate calcium absorption.

Severe vitamin D deficiency can lead to a condition called osteomalacia, which weakens bones. For women with limited sunlight exposure, vitamin D supplements are advisable.

Medications to reduce fracture risk
- **Oestrogen therapy (MHT):** Oestrogen therapy has been shown to reduce fracture risk by 24% when started later in postmenopausal life. It helps prevent bone loss and fractures, especially in women at higher risk.

- **Selective oestrogen receptor modulators (SERMs)**: SERMs mimic oestrogen in the body and can reduce the risk of vertebral fractures. However, they have not been proven to protect against other fractures such as hip or non-vertebral fractures, making them less ideal for comprehensive osteoporosis management.

When should fracture risk be assessed?
Women in their 60s should routinely undergo fracture risk assessments. This allows for early intervention with lifestyle advice such as maintaining a healthy weight, quitting smoking, and engaging in safe, regular exercise. For women at higher risk, medications may be recommended to help protect bone health and prevent fractures.

ADDITIONAL INFORMATION
- Lifestyle changes
- Menopausal hormone therapy: MHT the new HRT