Osteoporosis, or "porous bone disease," is a condition that arises from numerous factors and is simultaneously responsible for two processes: the progressive loss of bone density and the deterioration of "bone architecture." People who are afflicted by osteoporosis can experience changes in back alignment that may be very painful, height loss, and, at a more advanced stage, fractures of the wrist, hip or vertebrae.

Osteoporosis—which can be seriously debilitating—should not be confused with the loss of bone mass or density, a natural process that begins in a person’s thirties, the loss of bone mass or density, a natural process that begins in a person’s thirties, the loss of bone mass or density, a natural process that begins in a person’s thirties, the loss of bone mass or density, a natural process that begins in a person’s thirties, the loss of bone mass or density, a natural process that begins in a person’s thirties, the loss of bone mass or density, a natural process that begins in a person’s thirties, the loss of bone mass or density, a natural process that begins in a person’s thirties.

According to the Society of Obstetricians and Gynaecologists of Canada (2006), 6% of women aged 50 develop osteoporosis and the rate climbs to 50% in women over 80.

Drugs to prevent osteoporosis: effective and risk-free?

Bisphosphonates or BP (Fosamax, Actonel, Didrosonel, etc.)

Relatively ineffective for women under 60 who have never suffered a fracture. For women who have already suffered fractures due to weakened bones, risk is reduced with alendronate and risedronate. Generally speaking, effectiveness increases with age. Due to possible side effects and the risk of complications (especially heart-related), many organizations recommend caution and to refrain from using BP drugs unless there is a high risk of fracture.

Hormone treatment (HT)

Boosts bone density but is relatively ineffective in protecting against fractures. HT is also linked to numerous complications (breast cancer, stroke, blood clots, dementia and urinary incontinence) and should only be prescribed, with the patient’s informed consent, in cases of severe menopausal symptoms. In such situations, the treatment should be prescribed at the minimum dose for a limited period.

Calcitonin (Miacalcin)

Reduces pain related to spinal fractures and the risk of vertebral fractures but has no effect on other types of fractures.

Raloxifene (Evista)

Reduces the risk of vertebral fractures but is not effective in preventing other types of fractures. Thought to increase the risk of stroke.

Teripatide (Forteo)

Administered by injection and reserved for women over 65 suffering from advanced osteoporosis who have already experienced bone fractures and cannot tolerate BP drugs. Significant side effects and risks of complications. Maximum prescription length: 18 months. It has not been shown that teripatide’s effectiveness surpasses that of the BP drugs, nor that it can reduce the incidence of hip fractures.

Are you at risk?

Take the test at www.rqasf.qc.ca

How did a condition that was fairly rare 20 years ago become a public health problem? Because the definition of “illness” changed.

Before, osteoporosis was characterized by fragile and porous bones that broke easily. Since 1994, osteoporosis is diagnosed based on the result of a bone mineral density (BMD) test. Consequently, people who have never had a broken bone and who may never break a bone are now deemed to have an “illness” because their test result shows bone density at a level below the established norm.

The new “epidemic” of industrialized countries

In recent years there has been an explosion of information about osteoporosis, its risks and screening methods. The tone is alarmist, at times leaving the impression that few menopausal women will be spared the condition.

“I’m told my bones are practically going to disintegrate. I’m really worried!”

Participant in a focus group in L’Annonciation, Québec

Osteoporosis is not a curse that strikes all menopausal women, but rather a lifestyle-related condition: almost exclusively, it affects women in countries of the North, (Europe and North America). Factors such as diet, physical activity, and sunshine play a major role in the development and maintenance of healthy bones.

Osteoporosis or “porous bone disease,” is a condition that arises from numerous factors and is simultaneously responsible for two processes: the progressive loss of bone density and the deterioration of “bone architecture.”

People who are afflicted by osteoporosis can experience changes in back alignment that may be very painful, height loss, and, at a more advanced stage, fractures of the wrist, hip or vertebrae.

Osteoporosis—which can be seriously debilitating—should not be confused with the loss of bone mass or density, a natural process that begins in a person’s thirties, is related to aging, and has no effect on an individual’s quality of life.
This pamphlet is the translation of an abridged version of the Osteoporosis section of our kit entitled Notre soupe aux cailloux: Une œuvre collective pour la santé des femmes au milieu de la vie. Produced by the Réseau québécois d'action pour la santé des femmes (RQASF), this kit presents a wide selection of information and tools to help women make informed choices about their health as they enter menopause.

For more information

Read the Osteoporosis section of Notre soupe aux cailloux: Une œuvre collective pour la santé des femmes au milieu de la vie, available on RQASF’s website: www.rqasf.qc.ca

Additional references:

Center for Medical Consumers website: www.medicalconsumers.org

Women’s Health at Midlife

As we age, and after menopause, bone loss is natural and can be tolerated by most women. No treatment is required unless the loss is so great that bones become fragile and at risk for fractures.

Osteoporosis can be prevented at all stages of life. Healthy diet, an active lifestyle and good overall health contribute to the development of strong bones from childhood to adulthood and slow their deterioration after 30.

To obtain the full benefits of food, eat locally grown, seasonal produce treated with a minimum of fertilizer and pesticides. It tastes better, benefits the environment and supports local producers.

To adapt your living environment. To reduce the risk of fractures, it is important to take precautions. If necessary, install ramps and non-slip mats, attach anti-slip studs to your shoes or boots and use a cane or walker. Remember that most elderly people who suffer fractures do not have osteoporosis!

Get regular medical check-ups. Check your eyesight and hearing and find out whether your drug dosage may potentially affect your perception and sense of balance.

Consider alternative therapies such as phytotherapy, traditional medicines, holistic approach, etc.

This pamphlet is the translation of an abridged version of the Osteoporosis section of our kit entitled Notre soupe aux cailloux: Une œuvre collective pour la santé des femmes au milieu de la vie. Produced by the Réseau québécois d’action pour la santé des femmes (RQASF), this kit presents a wide selection of information and tools to help women make informed choices about their health as they enter menopause.

Bureau québécois d'action pour la santé des femmes, 2010
www.rqasf.qc.ca

Research and writing: Magaly Pirotte and Isabelle Mimeault
Graphic design: ATTENTION design+