

What can I do for my osteoporosis?

- Adequate Calcium Intake: 1000-1500mg/day (3 dietary serves or use of a calcium supplement)
- Adequate Vitamin D intake: 400-800U/day (adequate sunlight exposure-15-30 minutes each day or use of a supplement)
- Adequate exercise or physical activity
- Stop smoking
- Limit alcohol consumption
- Falls Prevention (optimize vision, hearing, walking aids, avoid sedatives)
- Hip protectors

What Medications are used to treat Osteoporosis?

Patients at a high risk of an osteoporosis fracture may qualify for subsidized medication through the Pharmaceutical Benefits Scheme. (Please speak to your doctor). These have been demonstrated in large clinical trials to reduce risk of fracture. They are usual prescribed in conjunction with calcium and vitamin D supplementation.

- Bisphosphonates: Alendronate 75 mg (Fosamax) and Risendronate 35 mg (Actonel) are oral preparations. This tablet only needs to be taken once a week. You need to take it 30 min before breakfast with a full glass of water on an empty stomach and remain upright afterwards to reduce the risk of indigestion. Zoledronate 5 mg (Aclasta) is a once a year intravenous preparation. After 5 years the indication for ongoing treatment should be reviewed and consideration of a period of stopping treatment made.
- Raloxifen 60mg (Evista): also demonstrated to reduce breast cancer. Side effects include menopause type symptoms and deep vein thrombosis
- Strontium 2g (Protos): Mixed with water and

taken each night two hours after the evening meal. Side effects include stomach upset. Rare cases of a hypersensitivity reaction in the form of a rash and hepatitis have been described.

- Denosumab 60mg (Prolia): is administered twice a year as a subcutaneous injection by your doctor.

What is osteonecrosis of the jaw?

This a rare complication described in the use of the bisphosphonates and rarely Denosumab. It is a clinical condition associated with defects in vascularization (blood supply) of the maxilla or the mandibular bone. It includes a number of conditions ranging from dry sockets to the worst case where individuals develop pain and non-healing deformity around or at a tooth socket. It usually occurs when much larger doses are of the bisphosphonates is used-such as in the treatment of cancer. It is recommended that a dental review be undertaken before starting treatment and regular dental checks continue while receiving treatment..

Osteoporosis SA
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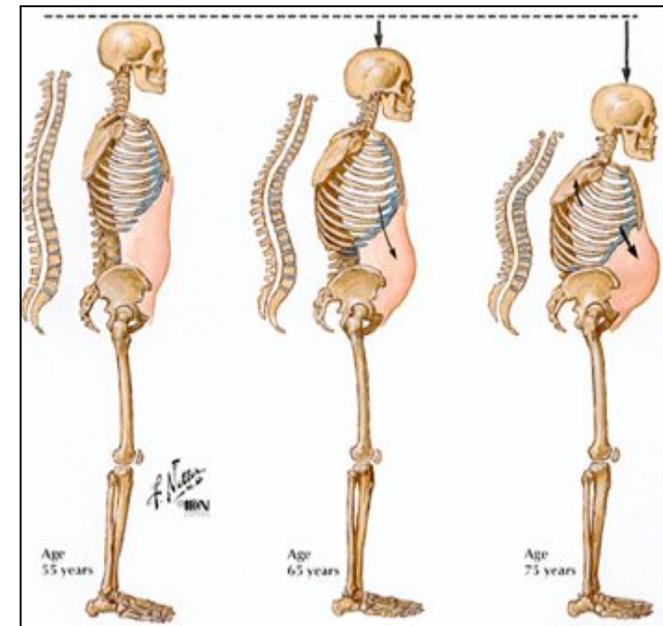
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Information Brochure: Osteoporosis



My doctor says I have Osteoporosis

What is Osteoporosis?

Osteoporosis is a diffuse skeletal disease characterized by a thinning of bones resulting in increased fragility and risk of fracture as a result of a minor injury such as a simple fall. Other complications include loss of height, deformity, pain, disability and even death.

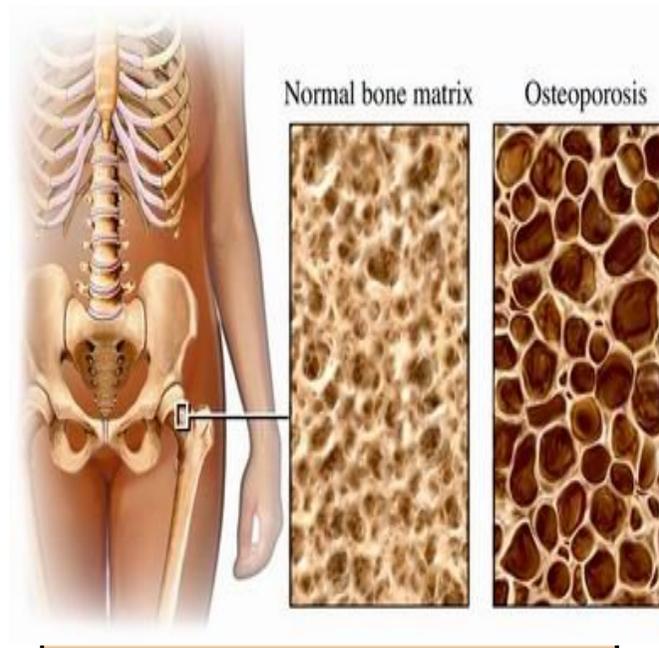
Nearly 2 million Australians have osteoporosis. 60% of women and 30% of men in Australia over age 60 years will sustain a fracture due to osteoporosis. An osteoporotic fracture occurs in Australia every 8 minutes.

What are Risk Factors for Osteoporosis?

- Increasing Age
- Female Gender
- Early menopause/Oestrogen Deficiency in women or testosterone deficiency in men
- Family history
- Slender build
- Low Dietary Calcium intake
- Low Vit D levels/little exposure to sunlight
- Sedentary lifestyle/Immobility
- Cigarette Smoking
- Alcohol excess (>2 drinks per day)
- Caffeine Excess(>2 serves per day)
- Medications(corticosteroids, anticonvulsants)
- Previous Fracture.

Are there other medical conditions complicated by Osteoporosis?

- Glandular Conditions: Hyperparathyroidism, Thyrotoxicosis, Cushing's Syndrome, Hyperprolactinemia, Hypogonadism
- Rheumatoid Arthritis and other inflammatory conditions
- Multiple Myeloma
- Malabsorption Syndromes: Coeliac Disease, Crohn's Disease
- Chronic Liver Disease
- Renal Disease
- Eating Disorders



How is Osteoporosis diagnosed?

- Measurement of Bone Density (DEXA): this is a scan that compares bone density to normal values of the population and peers. It can be used to diagnose osteoporosis and monitor treatment
- Plain X-ray is used to demonstrate the presence of a fracture as a result of osteoporosis. Only one third of patients who have a fracture will experience pain; as a result many patients are unaware of fractures.
- Other investigations to exclude secondary causes of osteoporosis: blood count, kidney and liver function tests, calcium levels and hormone measurements.



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