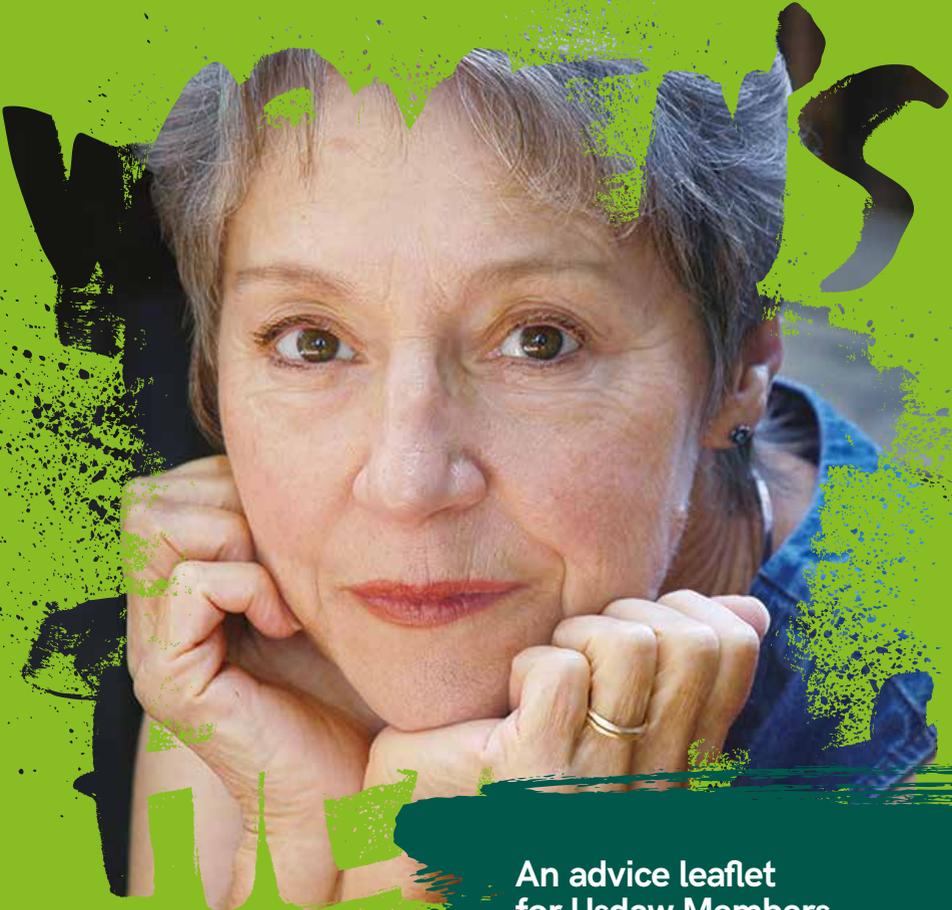




Campaigning
For Equality

Women's Equality Women's Health – Osteoporosis



An advice leaflet
for Usdaw Members



What is osteoporosis?

Osteoporosis is a term used to describe loss of bone tissue. It is very common. Osteoporosis puts someone at an increased risk of fracturing a bone.

Two types of cell are constantly at work in our bones, building new bone and breaking down old bone. Up to our mid-20s the construction cells work harder, building strength into our skeleton.

From our 40s onwards, the demolition cells become more active and our bones gradually lose their density. Women lose bone density faster in the years following the menopause when oestrogen levels drop. This puts women at greater risk of developing osteoporosis.

Having osteoporosis does not automatically mean that someone's bones will break, it just means it is more likely and that the person has a greater risk of fracture.

A 'broken bone' and 'fracture' are the same thing.

How does osteoporosis affect women?

Osteoporosis affects the amount and strength of bone tissue. It does result in:

- Increased risk of bone fracture.
Broken bones are most common in the wrist, hip and spine, although other parts of the body can also be affected.

It can also result in:

- Loss of height as we get older due to spinal fractures.
- Back pain and other disorders following fractures.
- Reduced mobility following hip or spine fractures.

Who is at risk?

The reasons why some women get severe weakening of the bones are poorly understood but there are some clues:

- A low bone density when the menopause occurs is associated with the development of osteoporosis. This means diet and exercise in our early years is important, making sure we take foods rich in calcium and vitamin D.
- Women who have had their menopause induced early, for example, by having their ovaries removed, may be at greater risk.
- Other factors thought to increase the chances of developing osteoporosis are a family history of the condition, being small and underweight, excessive alcohol consumption, smoking, amenorrhoea (stoppage of periods) for longer than six months and use of corticosteroids (for example, hydrocortisone).

What can we do about it?

- Ensure we get a healthy diet rich in calcium and vitamin D.

You can boost your vitamin D by getting ten minutes of sun exposure to your bare skin, once or twice a day, without sunscreen and taking care not to burn.

The National Osteoporosis Society recommend getting outside between May and September so that your body can produce enough vitamin D to help see you through the winter months.

You can get more calcium from foods such as milk, yoghurt, ice cream, cheese and baked beans.

- Exercise appears to reduce the rate at which bone is lost. Weight-bearing exercise such as brisk walking or running may be more valuable for the bones than other types of exercise such as swimming.
- In the past Hormone Replacement Therapy (HRT) was often prescribed as the number one treatment for osteoporosis. HRT replaces oestrogen (and sometimes progesterone) in women.

However, the position has changed. Recent European wide research suggests that HRT should not be the first choice of therapy for preventing or treating osteoporosis in the long-term, although it is still a possible treatment option for those who cannot use other osteoporosis prevention therapies, or for whom other therapies have not worked.

- There is a range of other drugs which are used to treat osteoporosis. Drug treatments to strengthen bones can help someone with a high risk of breaking a bone.



Getting the right support

Osteoporosis, and the fractures it causes, is a long term condition. Getting the right support can help someone manage their condition and reduce their risk of fracturing a bone.

Discuss the condition with your GP.

You can also contact the helpline run by the National Osteoporosis Society.

This is staffed by nurses with specialist knowledge of osteoporosis and bone health.

You can contact the helpline on 0808 800 0035 and you can email nurses@nos.org.uk for a private reply.

For further information

See *Our Bodies, Our Selves* edited by Angela Phillips and Jill Rakusen.

The National Osteoporosis Society
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Usdaw contacts

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www.usdaw.org.uk/equalities

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