Can osteoporosis be prevented?

There is a lot you can do to try to build and maintain a strong skeleton that will help to prevent osteoporosis. It is essential to try to eat well-balanced, calcium-rich food throughout life to give you all the vitamins and minerals you need to help develop and maintain strong, healthy bones. Aim to eat meals that incorporate foods from the four main groups, including fruit and vegetables; carbohydrates like bread, potatoes, pasta and cereals; milk and dairy products; and protein such as meat, fish, eggs, pulses and nuts.

Calcium is the most abundant mineral found in bones and helps to give them strength and rigidity. Excellent sources of calcium are milk and dairy products such as cheese and yoghurt, including the low-fat varieties. You can also find calcium in a wide range of other foods, such as green leafy vegetables, dried fruit, tinned fish (provided you eat the bones) and tofu (a type of vegetable protein made from soya beans). Adults should aim to eat 700mg of calcium every day.

You also need vitamin D to help your body absorb calcium. The best source is sunlight. About 15-20 minutes of sun exposure to the face and arms every day during the summer should provide you with enough vitamin D for the year. But be careful not to allow your skin to burn.

Bone is a living tissue and needs to be exercised just like muscles. Your skeleton grows stronger if you do weight-bearing exercise. This is any kind of physical activity where you are supporting the weight of your own body, such as jogging, aerobics, tennis, dancing and even brisk walking. Try to exercise at least three times a week for a minimum of 20 minutes.

You can also help your bones by giving up smoking and by watching how much alcohol you drink. You should aim not to exceed the government’s recommended limit for men of three to four units every day and it’s always good to have alcohol-free days.
Preventing falls means fewer painful broken bones

Broken hips in older men may be reduced by tackling hazards in the home that increase the risk of falling, like trailing wires or loose carpets and rugs. Being physically active helps to improve mobility and balance. Special underwear called hip protector pants may also be useful.

National Osteoporosis Society

If you want to know more about osteoporosis in men, contact the National Osteoporosis Society. It has a range of interesting and informative booklets on all aspects of the disease. Call the NOS on 01761 471771, visit our website at www.nos.org.uk or write to us at National Osteoporosis Society, Camerton, Bath BA2 0PJ.

The NOS also has a helpline staffed by six nurses who can offer information on all aspects of osteoporosis. Call 0845 450 0230 between 10am and 5pm on Monday and 9.30am and 5pm Tuesday – Friday. The information provided is free and you only pay for the cost of a local-rate call.
Osteoporosis in Men
Osteoporosis in Men

Osteoporosis is widely considered to be a woman’s disease because it affects 1 in 3 women over the age of 50. But osteoporosis also affects 1 in 12 men over 50, with up to 20 percent of fractures of bones in the spine, which can lead to height loss, and 30 percent of broken hips occurring in men.

What is osteoporosis?

Osteoporosis literally means ‘porous bones’. Bones are made of a thick outer shell and a strong inner mesh which looks like honeycomb. Osteoporosis occurs when the holes between this bony mesh become bigger. This leads to the skeleton becoming so porous that a minor knock or fall can break a bone, usually in the wrist, spine or hip.

Osteoporosis affects 1 in 3 women and 1 in 12 men over the age of 50 but it can affect people of all ages. Bone loss occurs naturally to everyone as they get older but bones broken due to osteoporosis are not an inevitable part of ageing and it can now largely be prevented and treated.

There is plenty that we can do to keep our bones strong – like eating calcium-rich food, taking weight-bearing exercise, ensuring we don’t drink too much alcohol and by stopping smoking, which has a toxic effect on bone.
Why do men get osteoporosis?

In nearly half of all men with osteoporosis the cause is unknown (idiopathic osteoporosis) and more research is needed to discover why excessive bone loss occurs in these men.

Our risk of osteoporosis is largely hereditary, with genetic factors dictating up to 80 percent of our likelihood of developing the disease. Men with a close family history of osteoporosis generally have lower than expected bone mineral density (the strength of the bone tissue) and an increased risk of breaking bones in the spine.

Other major causes of osteoporosis in men are low levels of the male hormone testosterone (hypogonadism) and taking corticosteroid tablets, for conditions such as asthma. Alcohol abuse also accounts for a significant number of cases.

Other factors can also play a role in bone loss, including low levels of calcium in the diet, smoking, lack of physical activity and low vitamin D levels. Other conditions such as secondary hyperparathyroidism (excessive levels of parathyroid hormone), hyperthyroidism (caused by an over-active thyroid gland) and medical conditions which affect the absorption of nutrients from food, such as coeliac disease or Crohn’s disease, can also result in osteoporosis.

If you have any of these conditions you should discuss your risk of osteoporosis with your doctor.
What’s the treatment?

Men who have broken bones because of osteoporosis should undergo tests to identify any underlying causes of their osteoporosis. This is crucial because tackling a specific condition with appropriate treatment could increase bone density by 10 – 20 percent alone.

One of the main treatments for osteoporosis for both men and women is a range of drugs called bisphosphonates. Although there is one preparation – alendronate (Fosamax) – currently licensed for osteoporosis in men, other similar treatments might be prescribed by a specialist (see below).

For men whose osteoporosis is caused by hypogonadism, testosterone replacement therapy may be prescribed and can be given by injection or as tablets, patches or implants.

Other treatments that may be offered to men diagnosed with osteoporosis include:

- the full range of bisphosphonates – alendronate (Fosamax), cyclical etidronate (Didronel PMO) and risedronate (Actonel)
- calcium and vitamin D, which may reduce the risk of broken hips in older men and women
- calcitonin, which is available as an injection and nasal spray and may be prescribed by specialist centres. It can be used in the short-term for pain control