Osteoporosis: overview and understanding, Preventing, and Managing the “Silent Disease".

Shajan abrar

Deepak Kumar

Osh state medical University Kyrgyzstan

It is a chronic condition characterized by reduced bone density and microarchitectural deterioration of bone tissue, leading to increased fragility and susceptibility to fractures. Often referred to as the "silent disease" osteoporosis progresses without symptoms until a fracture occurs. It is a global health issue, particularly affecting older adults and postmenopausal women because of low estrogen level.This article discuss the understanding and managing the osteoporosis .And how it silent threat to bone health.

Understanding Osteoporosis

Osteoporosis derives from the Greek words “osteo” means bone and “poros” means pores, describing bones that become porous and fragile. Bone remodeling is a process where old bone is replaced with newone. In healthy individuals, bone mass is maintained by balance between bone formation by osteoblasts and bone resorption by osteoclasts. In osteoporosis, bone remodeling and bone loss is disrupted,leads to thinner bone

Epidemiology

Globally, osteoporosis affects approximately 210 million people. The International Osteoporosis Foundation estimates that 1 in 5 men and 1 in 3 women over 50 -60years old will experience an osteoporotic fracture in their lifetime . Back pain and hip fractures, a common consequence of osteoporosis, have a high mortality rate of 20% patients dying within a year of the fracture.

Risk Factors

Factors increase the risk of osteoporosis:

1. Age: Bone density commonly peaks in the 20s and begins to decline after 30s. Aging usually decrease bone formation due to loss of bone redmodeling

2. Gender: Women are more likely to have osteoporosis because of early menopause and hormonal changes (NHANES 2005-2008)

3. Genetics: A family history of osteoporosis or fractures lead individuals to the disease.

4. Lifestyle Factors:

Abnormal intake of calcium and vitamin D impairs bone strength.

Sedentary lifestyles reduce bone mass, as physical activity is essential for maintaining bone density (Kohrt et al., 2004).

Smoking and alcohol consumption further weaken bones.

5. Medical Conditions: Diseases also cause osteoporosis , example -rheumatoid arthritis, celiac disease, and hyperthyroidism are associated with increased bone loss.

6. Medications: Long-term abuse of corticosteroids and certain anticonvulsants can reduce bone density (Adler et al., 2016).

Symptoms

Osteoporosis is usually asymptomatic until a fracture occurs. Common fractures occur in osteoporosis are:

1.Hip fractures: These often result in treatment or surgery and long-term disability.

2.Vertebral fractures: These can lead to decrease in height , kyphosis (hunched posture), and chronic back pain to patients.

3.Wrist fractures: Often occur from accident and may impair daily activity.

Diagnosis

Osteoporosis is diagnosed by combination of clinical evaluation and specialized tests:

1. Bone Mineral Density (BMD) Testing:

Dual-energy X-ray absorptiometry (DEXA)it is the gold standard for measuring BMD. It have T-score that categorizes bone health:

1.Normal: T-score ≥ -1.0

2.Osteopenia: T-score between -1.0 and -2.5

3.Osteoporosis: T-score ≤ -2.5

2. Fracture Risk Assessment Tool (FRAX):

The FRAX tool estimates the 10-year risk of fractures based on BMD and clinical risk factors (Kanis et al., year 2008).

3. Blood Tests:

Helps to identify underlying conditions affecting bone metabolism, such as thyroid dysfunction and usually vitamin D is low

Complications

1.The most seen and important complication of osteoporosis is fractures, which can lead to:

Decreased Mobility: Hip and vertebral fractures often result in long-term disability of patients

Chronic Pain: Vertebral fractures can cause persistent back pain and lead to hump formation.

Mortality: Complications from fractures can lead to infections or blood clots,this can be fatal, especially in older adults (Johnell & Kanis, year 2006).

Prevention

Prevention of osteoporosis begins early in life by adopting healthy lifestyle practice such as.

1. Adequate Nutrition:

Calcium: Adults require 1,000–1,200 mg daily. Dairy products, leafy greens, and fortified foods are best sources of calcium.

Vitamin D: A daily intake of 600–800 IU is recommended for every people. Sunlight exposure and vitamin D supplements help maintain optimal levels (Holick, year 2007).

2. Regular Exercise:

Weight-lifting activities like walking, running, and resistance training could improve bone strength and prevent bone loss (Kohrt et al., year 2004).

3. Avoid Smoking and Excessive Alcohol:

Smoking decrease calcium absorption, while alcohol consumption reduces bone formation.

4. Fall Prevention:

Reducing fall risks through home reconstruction, wearing appropriate footwear, and using assistive devices can prevent fractures.

Management

For individuals diagnosed with osteoporosis, a extraordinary approach is necessary like:

1. Medications:

Bisphosphonates: Drugs such as alendronate and risedronate decrease bone resorption and reduce fracture risk (Black et al., year1996).

Denosumab: A monoclonal antibody that inhibits or stop bone resorption (Cummings et al., 2009).

Selective Estrogen Receptor Modulators (SERMs): These mimic estrogen’s effects on bone (Cauley, 2011).

Parathyroid Hormone Analogues: These stimulate bone formation and are effective in severe cases and increase bone mineral density

2. Calcium and Vitamin D Supplements:

These are important for maintaining bone health in those have deficiencies.

3. Lifestyle Modifications:

Physical therapy with strength training improve mobility and reduce fall risks.

4. Monitoring:

Regular follow-ups with BMD testing assess the effectiveness of treatment and management.

Living with Osteoporosis

Managing osteoporosis requires continue effort. Emotional support and education are vital for coping with the condition. Support groups and counseling can provide a educate the community and help patients overcome challenges. Encouraging a positive outlook and adherence to treatment plans improves quality of life.

Research and Future Directions

Advances in osteoporosis research aim to improve the prevention and treatment. Emerging therapies, such as anabolic agents and novel drugs targeting bone remodeling pathways, hold promise for more effective management and prevention (Adler et al., 2016). Additionally, precision medicine approaches using genetic and molecular profiling may enable personalized treatment strategies.

Conclusion

Osteoporosis is a significant public health issue with far-reaching consequences. Early prevention and management through proper nutrition, regular exercise,diet and lifestyle modifications is essential. For those diagnosed with the condition, advancements in medical treatments offer hope for better outcomes and management .Public awareness and educate the people are critical in reducing the global burden of osteoporosis. By prioritizing bone health, individuals can minimize their risk of fractures and maintain an active, healthy life.

References

1. Adler, R. A., et al. (2016). Managing Osteoporosis in Patients on Long-Term Glucocorticoid Therapy: Review and Recommendations. The American Journal of Medicine, 129(6), 592–600.

2. Black, D. M., et al. (1996). Randomized trial of effect of alendronate on risk of fracture in women with existing vertebral fractures. The Lancet, 348(9041), 1535–1541.

3. Cauley, J. A. (2011). Estrogen and bone health in men and women. Steroids, 76(11), 718–726.

4. Clarke, B. L., & Khosla, S. (2010). Physiology of Bone Metabolism. Endocrinology and Metabolism Clinics of North America, 39(3), 481–495.

5. Cummings, S. R., et al. (2009). Denosumab for Prevention of Fractures in Postmenopausal Women with Osteoporosis. The New England Journal of Medicine, 361(8), 756–765.

6. Holick, M. F. (2007). Vitamin D Deficiency. The New England Journal of Medicine, 357(3), 266–281.

7. International Osteoporosis Foundation (IOF). (2021). Facts and Statistics. Retrieved from [https://www.iofbonehealth.org](https://www.iofbonehealth.org/).

8. Johnell, O., & Kanis, J. A. (2006). An estimate of the worldwide prevalence and disability associated with osteoporotic fractures. Osteoporosis International, 17(12), 1726–1733.

9. Kanis, J. A., et al. (2008). FRAX™ and the assessment of fracture probability in men and women from the UK. Osteoporosis International, 19(4), 385–397.

10. Kohrt, W. M., et al. (2004). Physical activity and bone health. Medicine & Science in Sports & Exercise, 36(11), 1985–1996.

11. Riggs, B. L., et al. (2002). Changes in bone mineral density attributable to aging. The Journal of Clinical Investigation, 110(6), 771–778.