

View this article online at: [patient.info/news-and-features/why-the-menopause-may-cause-osteoporosis](https://patient.info/news-and-features/why-the-menopause-may-cause-osteoporosis)

## Why the menopause may cause osteoporosis

**Osteoporosis**, or thinning of the bones, is sometimes called the 'silent epidemic'. It's very common but you may not know you have it until you break a bone. A **healthy lifestyle** can help avoid it, but you need to know if you're at risk.

### How does this happen?

We all know bones are the hardest bits of our bodies, and that they make up our skeleton – the framework the rest of our bodies are built around. But did you know that bone doesn't just sit there? It's constantly being reabsorbed by the body and rebuilt. Once you're 40, your bone starts to become less dense as the rate bone is made is exceeded by the rate it's reabsorbed.

### Stats and facts

After the **menopause**, this process speeds up, meaning women are at much higher risk than men. In fact, **1 in 3 women, and 1 in 5 men over 50 will break a bone because of osteoporosis**. The bones you're most likely to break are your wrist, hip and bones in your spine. Your spine bones can collapse – a so-called 'crush fracture'. This can give rise to chronic pain, but your upper spine can also become hunched over with a 'dowager's hump'.

Clearly this causes pain and misery for sufferers, as well as threatening independence. But it's also a huge financial burden – by 2025, it's estimated thinning of the bones will cost the NHS £2.2 billion.

## What do women worry about?

A recent survey on bone health in women over 45 very much reflects what my patients tell me about their own concerns. More than 2 in 5 women worries about getting frail or weak as they get older and the same number think they should take better care of their health. Half feel they should take their health more seriously, but aren't doing anything about it. Nearly the same number find it hard to stay physically active.

A whopping 86% worry about losing their independence as they get older. But protecting yourself against osteoporosis could very much stack the odds in your favour.

## Why does it happen?

Osteoporosis often runs in families, so having a family history of hip fracture or osteoporosis means you're at risk of it yourself. While men do get osteoporosis, women are at much higher risk. This is partly because while both men and women start to lose bone density with age, men tend to have much higher bone density to begin with. That means they start from a higher base and have more bone density to lose.

After the menopause, levels of the female hormone oestrogen drop in women. This hormone helps protect your bones, so women's bone density falls faster than men's once they lose this protection. Going through the menopause before the age of 45 makes osteoporosis more of a concern, because your oestrogen levels drop sooner than average. Being underweight can affect your calcium absorption, and drops your oestrogen levels if you're a woman.

Steroid tablets can affect the amount of calcium you absorb from your gut and lose through your kidneys, making you more prone to osteoporosis. They're often given in conditions like [rheumatoid arthritis](#) (where you may be physically inactive, which also increases your risk) and [Crohn's disease](#) (where your body may also not be absorbing calcium effectively). Smoking poisons your bones and alcohol stops your body making new bone efficiently.

## Seek out the medical help you need

If you've broken a bone after a minor injury – such as a fall from standing height or lower – your GP should arrange a bone density scan. This quick and painless investigation can show if you have osteoporosis or an early version of bone thinning called osteopenia. If you have risk factors for osteoporosis, your doctor might suggest a bone scan even if you haven't broken a bone.

If you're found to have osteoporosis, your doctor may recommend a regular tablet to reduce further bone thinning. Most of these tablets can be taken once a week, but they have to be taken in a particular way – your pharmacist will advise you.

## How can I help myself?

Getting enough calcium in your diet is important for strong bones, whether you have osteoporosis or not. After the menopause, you should ideally increase your calcium intake. Along with any dairy products, tinned fish with bones and green leafy vegetables like spinach, provide calcium. If you can't get enough in your diet, your doctor may recommend a supplement. Everyone should take a [vitamin D supplement](#) of 10 micrograms a day in winter. If you have osteoporosis, you should take it all year round.

Weight bearing exercise is key to preventing osteoporosis. Regular exercise will also keep your muscles strong and improve your balance. This cuts the risk of falls and broken bones. Any kind of weight bearing or resistance exercise works (swimming and cycling don't count). Brisk walking, dancing, tennis or even discovering your inner child and skipping will all help – but do make sure you don't put yourself at risk of a fall.

**Disclaimer:** This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

<b>Last updated by:</b> Dr Sarah Jarvis MBE, FRCGP 18/10/2017	
<b>Peer reviewed by:</b> Dr Hayley Willacy, FRCGP 18/10/2017	

---

View this article online at: [patient.info/news-and-features/why-the-menopause-may-cause-osteoporosis](http://patient.info/news-and-features/why-the-menopause-may-cause-osteoporosis)

Discuss Why the menopause may cause osteoporosis and find more trusted resources at [Patient](http://Patient).

---



To find out more visit [www.patientaccess.com](http://www.patientaccess.com)  
or download the app



Follow us

