

# REAL MEN

BUILD THEIR STRENGTH FROM WITHIN

A MAN'S GUIDE TO OSTEOPOROSIS PREVENTION



International Osteoporosis  
Foundation



osteoporosis australia

[www.osteoporosis.org.au](http://www.osteoporosis.org.au)

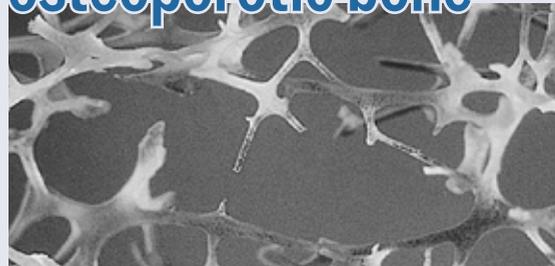
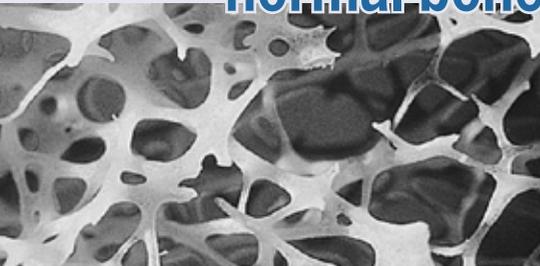
# DON'T LET OSTEOPOROSIS SLOW YOU DOWN

Appearances can be deceiving. **Men who look strong on the outside, may actually be weak on the inside and don't realise it.** Worldwide approximately one in five men over the age of 50 years will break a bone due to osteoporosis. Most are neither identified nor treated for this 'silent' disease, even after they've had a fracture.



Osteoporosis is a disease which gradually weakens bones, leading to painful and debilitating fragility fractures (broken bones). These can occur after a minor fall from standing height, as a result of a bump, sneeze or even from bending over to tie a shoelace. Any bone can break due to osteoporosis, but some of the most serious and common fractures are those of the spine and hip.

**normal bone**      **osteoporotic bone**



The common misconception is that osteoporosis affects only women, **BUT it affects millions of men** around the world too, with devastating consequences. Read the facts:

**Broken bones cause immobility, long-term disability**

**and severe pain:** the result is poor quality of life and loss of independence as men age.

**Lifetime risk of fracture is greater than risk of developing**

**prostate cancer:** few older men are on the alert for osteoporosis even though one in five will fracture.

**One-third of all hip fractures worldwide occur in men:**

studies also show that 37% of male patients die in the first year following a hip fracture.

**Men more likely than women to suffer from serious**

**consequences or death:** men are frequently older when they experience their first fracture.

**Loss of productivity in the workplace due to fractures:**

spinal fractures, in particular, can affect working men from the ages of 50-65 years and result in lost work days.

# WHAT CAUSES OSTEOPOROSIS IN MEN?

**Beware of the risk factors that cause excessive bone loss.** By young adulthood men typically have built more bone mass than women. After around age 30 years, the amount of bone in the skeleton begins to decline as the formation of new bone does not keep up with the removal of old bone.

Men in their fifties do not experience the rapid loss of bone mass women do in the years following menopause. But by the age of approximately 70 years, men and women lose bone mass at the same rate, and the absorption of calcium (a mineral important to bone health) decreases in both sexes. Excessive bone loss causes bone to become fragile and more likely to fracture. Find out whether you have risk factors which can speed up bone loss and lead to osteoporosis and broken bones.



# WHAT ARE THE RISK FACTORS IN MEN?

Many of the same factors that put women at risk of osteoporosis and fractures apply to men too, although **men must look out for testosterone deficiency** and medications related to prostate cancer therapy.

# MAJOR RISK FACTORS

**Age** – bone loss increases with age, and in men accelerates more rapidly at around age 70 years.

**Family history** – if your parents had osteoporosis or a history of fractures you're at higher risk.

**A previous broken bone at the age of 50 years or over** – if you've broken a bone you're at double the risk of another fracture.

**Long-term use of glucocorticosteroids** (more than 3 months) – these prescription drugs (for e.g. prednisone or cortisone) are the most common cause of secondary osteoporosis. They are used for treating a variety of medical conditions including asthma and inflammatory arthritis.

**Primary or secondary hypogonadism** (testosterone deficiency) – this occurs in up to 12.3% of men, often resulting from defects of the testes. Androgen deprivation therapy (ADT), the most commonly used treatment for metastatic prostate cancer, also causes low testosterone levels.

**Certain medications** – in addition to glucocorticosteroids, other medications can also put you at increased risk. These include, but are not limited to, some immunosuppressants, thyroid hormone treatment in excess dosage, certain antipsychotics, anticonvulsants, anti-epileptic drugs, lithium, methotrexate, antacids and proton- pump inhibitors.

**Some chronic diseases** – diseases that place you at risk include, but are not limited to, rheumatoid arthritis, inflammatory bowel disease (e.g. Crohn’s disease), diseases of malabsorption (e.g. celiac’s disease), type 1 and type 2 diabetes, hyperparathyroidism, chronic liver or kidney disease, lymphoma and multiple myeloma, hypercalciuria, and thyrotoxicosis.

**Watch out for these two common risk factors**

- Testosterone deficiency (primary or secondary hypogonadism)
- Androgen deprivation therapy (ADT)

# Are you getting shorter?

Measure your height and compare to the height listed on your passport. If **you have lost more than 3 cm in height** (just over 1 inch) this may mean you have had spinal compression fractures due to osteoporosis.



# Lifestyle-related risks

- Smoking
- Excessive alcohol consumption
- Poor diet (low levels of calcium)
- Vitamin D deficiency/insufficiency
- Lack of physical exercise or excessive exercise that leads to low body weight
- Low body weight



# SHOULD YOU BE TESTED?

Speak to your doctor and get tested if you are aged 70 years or over. If you're younger (aged 50-69 years) you should also be tested when risk factors are present. This is especially important if you have:

- Suffered a fracture as a result of a fall from standing height or less since age 50 years
- Take glucocorticoid treatment
- Have low testosterone levels (hypogonadism)



# WHAT TESTS WILL THE DOCTOR DO?

Don't walk into your appointment blindly – mention your risks and don't hesitate to ask for more information and testing.

**Assessment may include a bone mineral density (BMD) test.** This is a quick and noninvasive scan that measures bone density at the hip and spine.



# Have you identified any risk factors?

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If so, ask your doctor the following questions at your next check-up:

1. I have a common risk factor for osteoporosis, should I have a bone density test? How often should it be repeated?
2. What should I be doing with respect to calcium, vitamin D and exercise?
3. Can you advise me of specific lifestyle changes I can make to improve my bone health?
4. Do I need specific therapy to treat osteoporosis?

#LoveYourBones

World **Osteoporosis** Day  
October **20**

LOVE YOUR  
**BONES**

For further information about osteoporosis visit [www.osteoporosis.org.au](http://www.osteoporosis.org.au)