

International Osteoporosis
Foundation

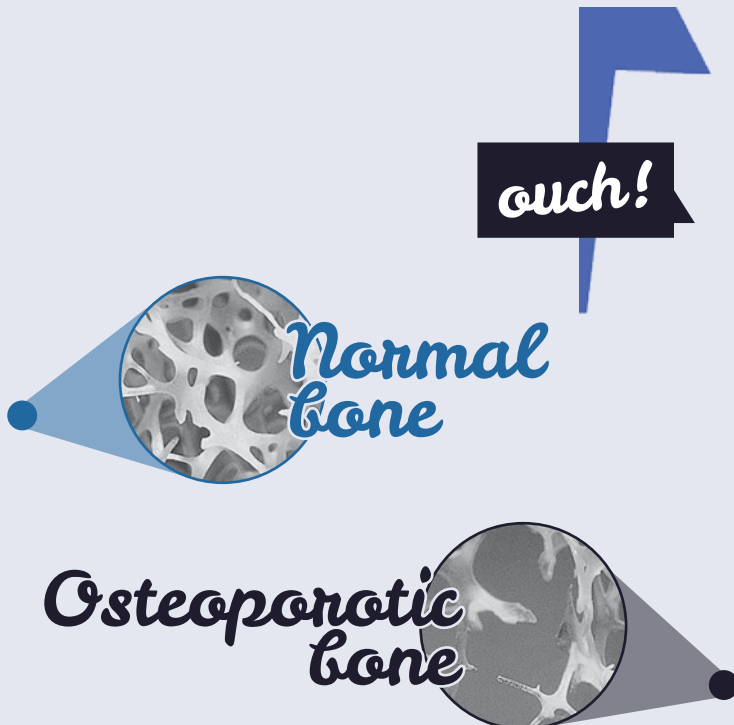


osteoporosis australia

Osteoporosis

Osteoporosis occurs when bones become thin and fragile. The result is that they break easily, even following a minor bump or fall from standing height. Worldwide, **one in three women and one in five men** over the age of 50 will suffer a fragility fracture (broken bone) due to osteoporosis.

Although fractures can occur in any part of the body, they most commonly affect the wrists, spine and hips. Fractures due to osteoporosis are a major cause of pain, long-term disability and loss of independence among older adults, and can even result in premature death.



Setting the foundation for bone health throughout life

They say you are what you eat – and that's very true for your bones too. Bones, formed of living tissue, need the right nutrients to stay strong and healthy. A balanced diet, combined with regular exercise, will help to optimise your bone health at all ages and reduce the risk of osteoporosis.

The size and amount of bone contained in your skeleton changes significantly throughout life. Likewise, as you age, the specific nutritional needs of your skeleton change too.

The goal of a bone-healthy diet is to help



Children & Adolescents

BUILD maximum peak bone mass



Adults

MAINTAIN healthy bones & avoid premature bone loss



Seniors

SUSTAIN mobility and independence

What are the key bone-healthy nutrients?

1. CALCIUM

Calcium is a major building block of our skeleton, with 99% of the 1 kg of calcium found in the average adult body residing in our bones. Bone acts as a reservoir for maintaining calcium levels in the blood, which is essential for healthy nerve and muscle function.

Calcium is a key nutrient for all age groups but the amount needed varies at different stages of life. Demands are particularly high during the rapid period of growth in teenagers.

Dairy foods (milk, yoghurt, cheeses) are the most readily available sources of calcium in the diet, they also contain other important nutrients for growth. Additional food sources include certain green vegetables, whole canned fish with soft, edible bones such as sardines or pilchards, nuts and tofu set with calcium.

Selection of calcium-rich foods —————



6



3



7



2



1



4



5

Food

Serving size

Calcium content

1. Milk	250 mL (glass)	304 mg
2. Yoghurt, natural	200 g (tub)	386 mg
3. Cheese, hard	21 g (1 slice)	160 mg
4. Broccoli (raw)	90 g (4 florets)	30 mg
5. Figs, dried	80 g (6 figs)	160 mg
6. Almonds	12 g (10 almonds)	30 mg
7. Tofu, firm	100 g	70 mg*

*calcium-set tofu is higher, check label

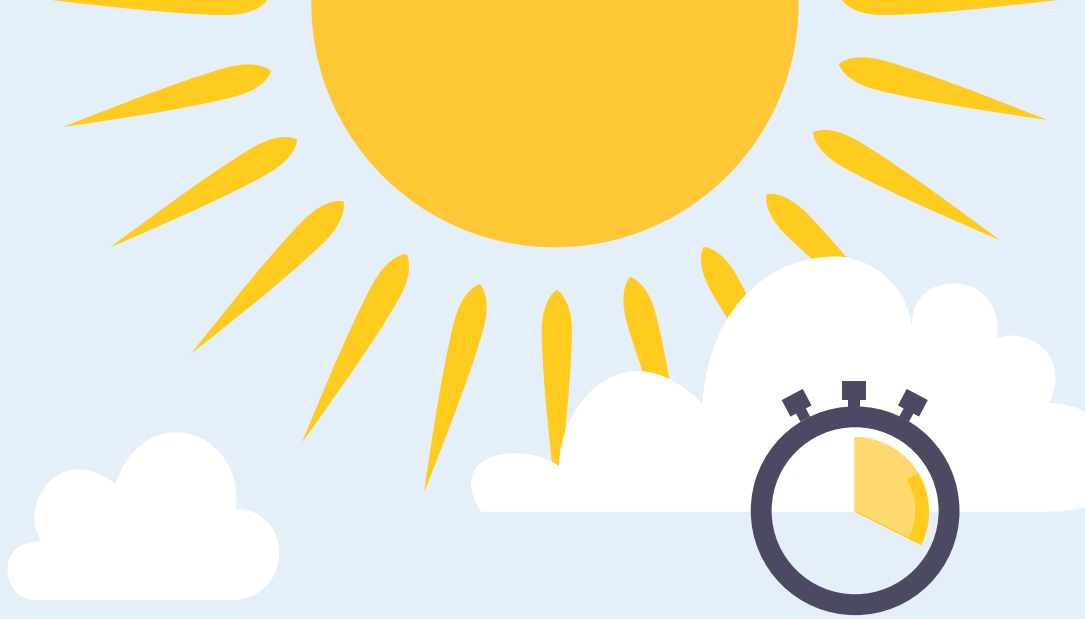
2. VITAMIN D

Vitamin D plays two key roles in the development and maintenance of healthy bones. It **assists calcium absorption** from food in the intestine and ensures **correct renewal** and **mineralisation of bone**.

Vitamin D is made in the skin when it is exposed to UV-B rays in sunlight. Due to our increasingly indoor lifestyles, low levels of vitamin D have become a worldwide problem as they can jeopardise bone and muscle health. Very few foods are naturally rich in vitamin D. As a result, in some countries certain food and drinks such as margarine, breakfast cereals and orange juice are fortified with vitamin D.

Food	Vitamin D content*
Wild salmon	600-1000 IU
Farmed salmon	100-250 IU
Sardines, canned	300-600 IU
Tuna, canned	236 IU
Shitake mushrooms, fresh	100 IU
Shitake mushrooms, sun-dried	1600 IU
Egg yolk	20 IU per yolk

*per 100g unless otherwise stated
IU: International Unit



How much sun exposure do you need?

Sunlight is not always a reliable source of vitamin D. The season and latitude, use of sunscreen, city smog, skin pigmentation, and a person's age are just some of the factors that will affect how much vitamin D your skin can produce through sunlight.

In summer, you should try to get **5–10 minutes of sun exposure** to your bare skin (face, hands and arms) outside peak sunlight hours (before 10 AM and after 2 PM) daily – without sunscreen – and taking care not to burn. **In winter**, **7–30 minutes** in the middle of the day is needed, depending on location. Darker skins need longer exposure times.

3. PROTEIN

Protein provides the body with a source of essential amino acids necessary for health. Low protein intake is detrimental both for the building of peak bone mass during childhood and adolescence (affecting skeletal growth) and for the preservation of bone mass with ageing. Protein undernutrition also leads to reduced muscle mass and strength in seniors, which is a risk factor for falls.

Protein-rich foods include dairy products, meat, fish, poultry, lentils, beans and nuts.

The acid-load claim

Many people have been scared by claims that a high protein intake, including drinking milk, may cause increased calcium loss via the kidneys and therefore be bad for bone health.

This claim has been disproved in many studies. Both plant and animal sources of protein promote strong bones and muscles. **Milk and dairy products, as part of a balanced diet, are excellent sources of calcium, protein and other nutrients.**



Micronutrients that support bone health

Micronutrients are required in trace amounts for normal growth and development. Ongoing research suggests that several, listed below, are important to bone health:



Vitamin K

Found in leafy green vegetables, spinach, cabbage and kale, liver, some fermented cheeses, and dried fruit

TIP Snack on prunes, a high source of vitamin K



Magnesium

Found in green vegetables, legumes, nuts, seeds, unrefined grains, fish and dried fruit

TIP 50 g of almonds = up to 40% of your daily need



Zinc

Found in lean red meat, poultry, whole grain cereals, pulses, legumes and dried fruit

TIP Beans and chickpeas are good plant sources

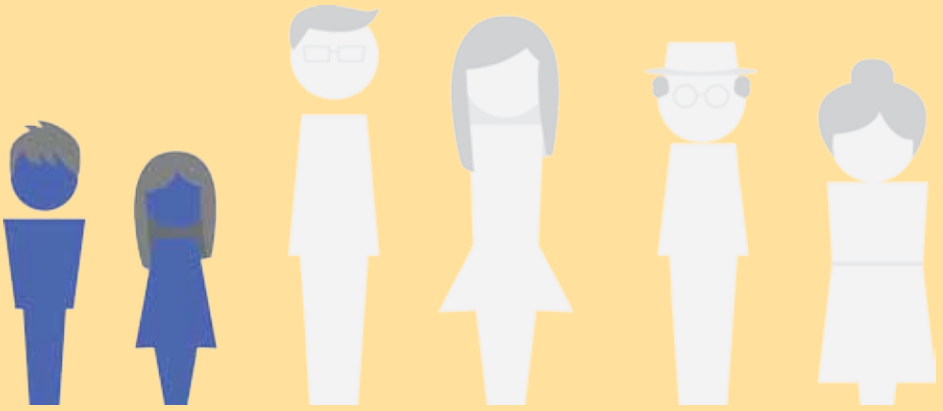


Carotenoids precursors to vitamin A

Found in many vegetables including the leafy green variety, carrots and red peppers

TIP 50 g of raw carrots meet your daily need





Building bones early in life

Bone health starts early in life – in fact it begins at the foetal stage, when good maternal nutrition helps optimise the development of the baby's skeleton.

Childhood and adolescence is a critical time for bone building. It is during this period that both the size and strength of our bones increases significantly. **Approximately half of our bone mass is accumulated during adolescence**, with a quarter being built up during the two-year period of fastest growth. The process continues until our mid 20s.

Although genetics will determine up to 80% of the variability in individual peak bone mass, factors such as nutritional intake and physical activity will help a child achieve optimal bone strength. This is beneficial in late adulthood as there is more bone in reserve

from which to draw; unlike in their younger years adults cannot replace bone tissue as quickly as they lose it. It is believed that a **10% increase in peak bone mineral density** (BMD) – one measure of bone strength – **could delay the development of osteoporosis by 13 years.**

Calcium and protein-rich nutrition boosts bone development

Young people aged between 9–18 years have higher calcium and protein requirements, with the peak age for bone building being 14 years in boys and 12.5 years in girls.

Milk and other dairy products provide up to 80% of dietary calcium intake for children from the second year of life onwards. Although calcium is a vital nutrient for bone development during this stage of life, children are consuming less milk than they did 10 years ago and are instead turning to sweetened beverages. This trend needs to be reversed and children encouraged to drink more milk.

Young people also need enough protein to achieve their genetic potential for peak bone mass. Studies have shown a positive link between children who were given extra servings of milk in their diets – which is high in protein – and increases in a growth factor that enhances bone formation.

Getting enough of the sunshine vitamin

Young people often don't get enough vitamin D. This is partly due to their increasingly indoor lifestyles. By ensuring that children spend more time participating in sports and outdoor physical activity – and less time indoors in front of their computers or televisions – parents can help them maintain a healthy level of this key vitamin.

Recommended daily intake of key nutrients according to the NHMRC

4-8 years

AGE

700 mg
CALCIUM

20 g
PROTEIN

9-11 years

AGE

1000 mg
CALCIUM

9-13 years

AGE

35 g
PROTEIN FOR **GIRLS**

40 g
PROTEIN FOR **BOYS**

12-18 years

AGE

1300 mg
CALCIUM

14-18 years

AGE

45 g
PROTEIN FOR **GIRLS**

65 g
PROTEIN FOR **BOYS**

1-3 years

AGE

500 mg
CALCIUM

14 g
PROTEIN

Psst.. And we all need 600 IU of Vitamin D per day!

Exercise and lifestyle matter

Nutrition and physical activity work hand in hand to enhance bone development in people of all ages, and at no stage in life is this more important than in youth. Young people who exercise regularly show a significant increase in bone mass.

A healthy body weight during childhood and adolescence – being neither too thin nor overweight – contributes to optimal bone health. Anorexia has a serious and negative impact on BMD and skeletal strength in adolescents, while obese children are more likely to sustain fractures at the wrist.

Bone-building tips for kids

Snack

on cheese, yoghurt, nuts and dried fruit

Drink

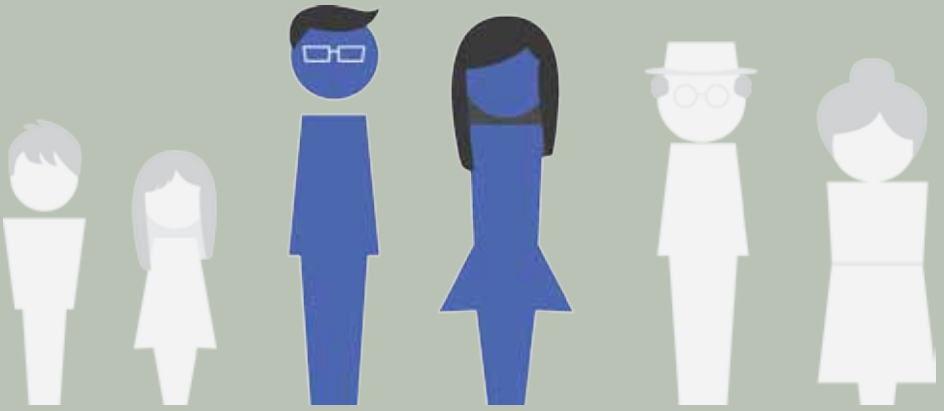
milk-based beverages and fruit smoothies

Eat

balanced meals that contain calcium and protein, as well as fruits and vegetables

Move

spend time outdoors on physical activities that involve running and jumping



Maintaining healthy bones as an adult

Bone tissue loss generally begins at around the age of 40 years when we can no longer replace bone tissue as quickly as we lose it. At this stage in life you should take action to stem the tide of bone loss.

- **Ensure bone-healthy nutrition, with sufficient calcium, protein, vitamin D and important micronutrients**
- **Engage in weight-bearing and muscle-strengthening exercise**
- **Avoid negative lifestyle factors such as smoking and excessive alcohol use**

Adopting a bone-healthy lifestyle is of critical importance and adults need to pay particular attention at key points in their lives. In women, this is around the age of menopause when they experience a period of rapid bone loss due to a reduction in protective oestrogen levels. In men, bone loss accelerates after the age of 70 years.

Keep up your intake of dietary calcium

Adults aged 19–50 years should have a dietary calcium intake of 1,000 mg/day. For people who cannot get enough calcium through their diet, supplements (preferably combined with vitamin D) may be beneficial. These should however not exceed 500–600 mg per day.

Easy ways to **boost your calcium intake**:

- **Consume dairy products as they are calcium rich; add low-fat cheeses to your meals**
- **Try calcium-set soy, which can be used as a substitute for meats**
- **Drink milk or calcium-enriched substitutes - and add to your coffees and tea**
- **Eat yoghurt regularly as a nutritious breakfast or snack**
- **Add wholegrains or seeds like quinoa and chia to your meals**
- **Snack on nuts or dried fruit**
- **Drink calcium-rich mineral water (check the labels)**
- **Choose vegetables that are especially calcium rich (such as cress, broccoli, okra)**
- **Add chickpeas, lentils and white beans to your meals**

Are you at risk of vitamin D deficiency?

The recommended **vitamin D allowance for adults aged 19–50 is 600 IU per day**. To maintain your vitamin D levels you need regular safe exposure to sunlight. Although sunlight is the primary source of vitamin D, eating fatty fish regularly (e.g., salmon, sardines and tuna) or consuming vitamin D enriched food and drink, can help boost your levels.



Adults at greater risk of deficiency include anyone who lives at latitudes with minimal exposure to sunlight and people who are obese, have a dark skin tone, cannot expose their skin to the sun

Are you getting enough calcium?

Check your Healthy Bones Score. Track your daily calcium intake using the Healthy Bones Australia calculator available online.

www.healthybonesaustralia.org.au/registration



for medical or cultural reasons, or have diseases that reduce uptake of vitamin D from the intestine (e.g., Crohn's disease). If you have any of these risk factors, a blood test may be required to measure vitamin D levels. Supplementation may then be prescribed if vitamin D levels are low.

Proteins and healthy body weight

The current recommended daily allowance for healthy adults is 0.8 g of protein per kilogram (kg) of body weight, per day.

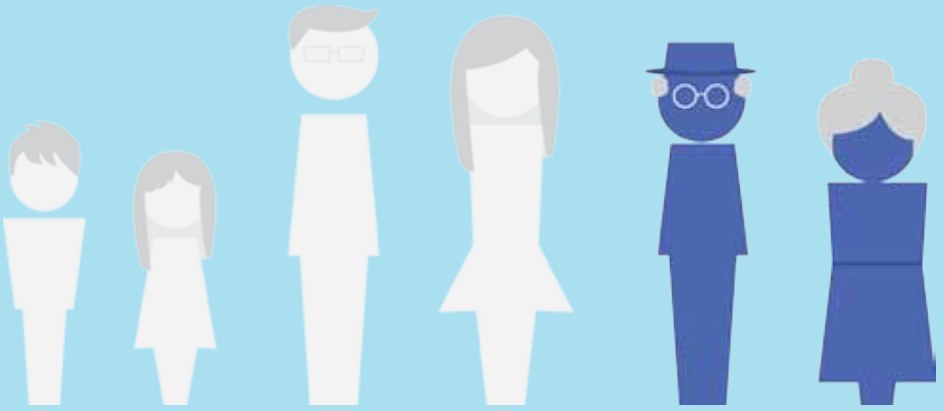
Adults should eat sufficient protein-rich foods such as dairy products, meats and fish, lentils, beans and nuts. Poor protein intake is often related to undernutrition. A person's body mass index (BMI) should ideally be between 20–25 kg/m². A BMI below 19 kg/m² is a risk factor for osteoporosis.

Knowing your risk factors

Find out whether you have specific factors which place you at higher risk of osteoporosis and fractures.

www.osteoporosis.org.au/how-dense-are-you





Nutrition in seniors: stay strong and mobile

In seniors, a bone-healthy diet is an essential ingredient in helping to slow the rate of bone thinning and preserve muscle function. This in turns **helps reduce the risk of falls and fractures**.

Malnutrition is common among the elderly for a number of reasons. Seniors may have reduced appetite or be less inclined to cook balanced meals. Vitamin D levels may be lower because of less frequent exposure to sunlight, especially in seniors who are housebound. The skin's capacity to synthesise vitamin D also

Daily dietary recommendations for seniors —

decreases, as does the kidney's capacity to convert vitamin D to its active form. In addition, with age, the body is less able to absorb and retain calcium.

More calcium, protein and vitamin D needed

In addition to higher calcium intake, **seniors need more dietary protein and vitamin D than the young**. Both these nutrients help prevent muscle wasting (known as sarcopenia) and thereby help lower the risk of falls and fractures. Higher dietary intake of protein in older people who have been hospitalized with hip fracture has been shown to improve bone density, reduce the risk of complications and reduce rehabilitation time.

Age	Gender	Calcium RDI	Vitamin D AI*	Protein RDI**
51-70 years	female	1300 mg	600 IU	46 g
	male	1000 mg	600 IU	64 g
>70 years	female	1300 mg	800 IU	57 g
	male	1300 mg	800 IU	81 g

RDI: Recommended Dietary Intake, based on NHMRC recommendations

*AI: Adequate Intake for vitamin D recommended by Osteoporosis Australia and IOF

**According to IOF, a moderate increase in protein intake from 0.8 to 1.0–1.2 g/kg per day is considered optimal for skeletal muscle health in older adults

The International Osteoporosis Foundation recommends that seniors aged 60 years and over take a Vitamin D supplement at a dose of 800–1000 IU/day. Vitamin D supplementation at these levels has been shown to reduce the risk of falls and fractures by about 20%.

Exercise enhances the benefits of bone-healthy nutrition



As at all stages of life, exercise is essential for bone health in seniors too. At this age, muscle strengthening exercises, suitable to individual needs and abilities, will help improve coordination and balance. This in turn helps to maintain mobility and reduce the risk of falls and fractures.



Treatment for those at high risk

Although bone-healthy nutrition is important, drug therapies are critical for fracture prevention in people at high risk, including those who have already experienced a first fracture. Today, there are many **proven and effective treatments** which have been **shown to reduce the risk of osteoporotic fracture by between 30–50%**.

If you're over aged 50 years and have broken a bone, or have other risk factors for osteoporosis ask your doctor for a clinical assessment.



Controlling osteoporosis risk factors and complying with treatment regimens, where prescribed, can ensure people live mobile, independent, fracture-free lives for longer.

Non-age related nutritional factors

Alcohol and caffeine: moderation is key

Excessive alcohol intake – more than two units per day – can increase the risk of suffering a fragility fracture. As a rough guide: 1 unit would be the equivalent of 25 ml of spirits (40% alcohol) or 250 ml of beer (4% alcohol).

Coeliac disease and other disorders can affect nutritional status

Diseases of the gastrointestinal system that affect nutrient absorption in people of all ages include inflammatory bowel disease (e.g., Crohn's disease and colitis) as well as coeliac disease. People with these diseases may be at increased risk of osteoporosis and fractures and need to ensure an adequate intake of calcium (1,000 mg/day) and Vitamin D. In such cases it is recommended that individuals have their nutrient status checked as they may need supplements.

Getting enough calcium despite lactose maldigestion or intolerance

People with some degree of lactose maldigestion may avoid dairy products. As a result they often don't get enough calcium, which may increase their risk of osteoporosis.

If you are sensitive to lactose you may not need to eliminate dairy consumption completely: lactose-reduced milks, yoghurts with live cultures, and some hard cheeses are normally tolerated. Another alternative is to take lactase tablets or drops along with dairy foods. People who are lactose intolerant should consult with their doctor to discuss the best way of ensuring adequate calcium intake, either through diet, or if necessary, through the use of supplements.



#LoveYourBones

World **Osteoporosis** Day
October 20

LOVE YOUR
BONES

For further information about your bone health and preventing osteoporosis, visit www.osteoporosis.org.au

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