

Health & Wellness Committee: To Fight Osteoporosis, Work on Balance & Strength

by Joanne Fagerstrom, for the Shuttle

A diagnosis of osteoporosis or osteopenia can be alarming for women and men. (Yes, guys, your bones are vulnerable, too.) Frightening statistics about disabling fractures, stooped posture and loss of independence, along with persuasive advertising, prompt many conscientious physicians to pull out their prescription pads. But consider:

No Pill Can Prevent a Fall

People take osteoporosis medications because they don't want to break a bone. But preventing falls should be the first line of defense. I wish every doctor would check their patient's balance before prescribing medication. Simply checking to see if patient can stand on one leg for 10-15 seconds could change that prescription from Fosamax to physical therapy for balance and strengthening exercises.

As soberly stated in the Journal of Internal Medicine, "Regrettably, bone-targeted pharmacotherapy has, at best, minimal effect on the incidence of fractures and on fracture-related mortality, and is associated with adverse effects." ("Osteoporosis: The Emperor Has No Clothes," 2015)



Views expressed in this article are those of the author, not necessarily the Health & Wellness Committee, and are not a substitute to talking to your doctor.

Bone Density Tests (DEXA Scans) May Be a Blunt Tool

Despite the fact that most fractures occur in people with normal bone density, DEXA scans remain the gold standard in diagnosing osteoporosis or osteopenia and the subsequent prescription of drugs. While bone density is important, it is bone quality and tensile strength (which are not measured in DEXA scans), that are the keys to fracture resistance. Moreover, DEXA manufacturers have not standardized their machines, resulting in widely varying results. (This is why you are told to always have the test in the same place.) In addition, very small changes in positioning of the hip and spine can significantly affect the outcome. The accuracy of DEXA machines may not be as good in real life as it has been shown to be in carefully controlled research settings.

Conflicts of Interest

Adriane Fugh-Berman is the director of PharmedOut, a Georgetown University Medical Center project that advances evidence-based prescribing and educates health-care professionals about pharmaceutical marketing practices, cautions us to ask many questions. Fugh-Berman reports that some research articles, even in highly respected peer-reviewed journals, are ghost-written by pharmaceutical representatives and many studies are funded by pharmaceutical companies.

In a July 2015 article in the British Journal of Medicine titled, “Web of Industry, Advocacy, and Academia in the Management of Osteoporosis,” the authors discuss why change is difficult and call for academics to abandon industry ties.

Even some nonprofit organizations are sponsored by companies that manufacture osteoporosis drugs. Examples include the National Osteoporosis Foundation — Novartis (Reclast) and Eli Lilly (Forteo) — and the International Osteoporosis Foundation — Merck (Fosamax).

So what’s a concerned person to do?

Exercise —The “E” Pill

It is indisputable that strengthening exercises build and maintain a stronger skeleton. As with muscle, bone will deteriorate if physical activity declines. Bones need to be stressed to be healthy! Multiple studies have shown that the long-term effects of exercise programs geared toward strengthening and improving balance show a significant decrease in falls, as well as lowered incidence of fracture, improved posture and better quality of life.

Even better news? It’s never too late to start!

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