

OSTEOPOROSIS

MEN AND OSTEOPOROSIS

Not Just a Woman's Disease

LARRY'S STORY

Diagnosed with osteoporosis when he was 48 years old, Larry Funnell* relates the story of his experiences with the disease:

"I was shocked when my doctor told me I had osteoporosis. Like many others, I didn't think that osteoporosis affected men. Even though I broke many bones in my mid to late 40s, all from accidents no more severe than a fall from a standing position, it wasn't until an eighth fracture occurred that my doctor sent me for a bone mineral density test. My history with broken bones suddenly made sense.

As a man, I felt isolated by osteoporosis. There was plenty of information available about women and osteoporosis – but disappointingly little about men. I was delighted to discover several local osteoporosis support groups, but then dismayed to find that I was often the only man to show up at their meetings. My quest for information led me to the Canadian Osteoporosis Patient Network (COPN) where I finally started to get the answers that had eluded me."

Fracture-free for 13 years, Larry credits effective treatment and the support of COPN. *"I'm no longer confused – men do get osteoporosis but not many of them know it. They all need to know that fractures can be prevented and that both women and men can live safely and well with osteoporosis."*

NOT JUST A WOMAN'S DISEASE

Osteoporosis is not just a women's disease. It is also a serious health issue for men. During their lifetime, at least 1 in 3 women and 1 in 5



men will suffer a broken bone from osteoporosis. Approximately 30,000 hip fractures occur in Canada each year and over one quarter of these occur in men. Proportionately more men than women die as a result of a hip fracture – 37% of men who suffer a hip fracture will die within the year following that fractured hip. Men are also more likely than women to require care in a long-term care facility after a hip fracture. Yet, despite the fact that hip fractures can be more devastating for men than for women, men are less likely to be assessed for osteoporosis or to receive treatment for osteoporosis after they break a bone.

After age 50, the risk of breaking a bone increases with age for both men and women. A *fragility* fracture (a broken bone from a minor injury) is often the first sign that one has osteoporosis. *Fragility* fractures are those that happen as a result of a trip, slip, stumble, a minor fall, or while performing a simple task such as reaching, coughing or sneezing. They can affect the hip, spine, wrist and

shoulder as well as other bones. Men represent between 20 and 40% of all patients with each of these types of fractures.

ABOUT THE BONE MINERAL DENSITY (BMD) TEST

A Bone Mineral Density (BMD) test is safe and painless and accurately measures the density of bones. When used in combination with important clinical risk factors, a BMD test can help determine your fracture risk and assists your physician in making decisions about treatment.

Who Should Have a BMD Test?

- 1) All men 65 years or older regardless of their general health.
- 2) All men age 50 to 64 with any of the following risk factors for fracture:
 - A past *fragility* fracture that occurred after the age of 40
 - Currently smoking
 - Drinking an average of 3 or more alcoholic drinks per day
 - A parent who had a hip fracture
 - Rheumatoid arthritis
 - Having taken steroids, such as prednisone, in the past year
 - Taking high risk medication(s) that weaken bone, such as hormonal treatment for prostate cancer
 - A low body weight (less than 132 lbs or 60 kg)
 - Having experienced weight loss of more than 10% since the age of 25
 - Other medical conditions that can contribute to osteoporosis in men.
- 3) Most men under age 50 do not need a BMD test. Certain situations, however, may warrant a BMD test before the age of 50. These are:

- A past *fragility* fracture that occurred after the age of 40
- Having taken steroids, such as prednisone, in the past year
- Taking high risk medication(s) that weaken bone, such as hormonal treatment for prostate cancer
- Other medical conditions that can contribute to osteoporosis in men.

If you are a man who needs a BMD test according to the criteria outlined above, then you also need a comprehensive fracture risk assessment. This is carried out by your doctor who uses the results of your BMD test in a FRAX or CAROC risk assessment tool.

Falls can also lead to fractures, so if you do not qualify for a BMD test according to the above criteria, but you are a man who falls frequently (at least twice in the past year) or you are at risk for falling because of poor balance or weakness, you are encouraged to visit your doctor for an assessment of your fall risk and how you can reduce that risk.

NUTRITION AND EXERCISE

All men (those with and without osteoporosis) need to follow the same lifestyle choices recommended to everyone for healthy bones. These are:

- A regular exercise program that includes weight-bearing activities (such as walking or jogging) and resistance training (such as those with weights or resistance bands).

- Those who have had a spine fracture should discuss with their physiotherapist how to include exercises that strengthen “core muscles” of the back and abdomen.
- Balance exercises, such as Tai Chi, help reduce the risk of falls.
- A well balanced diet with adequate protein (3 servings a day). Insufficient protein can contribute to muscle weakness, poor balance and falls that lead to fractures.
- Adequate dairy or dairy equivalents (2 servings a day for those under 50 years of age and 3 servings a day for those 50 and over). A calcium supplement should be taken *only* if food sources are inadequate, and *only* after talking to your doctor.
- All men (and women) need to take a vitamin D supplement all year round. Men 19-50 years of age require 400-1000 IU vitamin D daily. Men 50+ years of age require 800-2000 IU vitamin D daily.

TREATMENTS FOR MEN WITH OSTEOPOROSIS

All men who have been assessed for osteoporosis and found to be at a high risk of fracture require medication. Drugs called bisphosphonates are the first-line treatment for these individuals. These drugs help prevent fractures. Alendronate (Fosamax® or Fosavance® and generics), risedronate (Actonel® or Actonel DR™ and generics) and zoledronic acid

(Aclasta®) are the recommended bisphosphonates for the treatment of osteoporosis and fracture risk reduction in men.

Denosumab (Prolia™) can be recommended to increase bone mass in men with osteoporosis at high risk of fracture.

Parathyroid hormone therapy (FORTEO®) can be recommended for men with glucocorticoid-induced osteoporosis.

Osteoporosis Canada does not recommend the use of testosterone for osteoporosis. There is no evidence that testosterone can reduce fractures in men, even in men with low testosterone levels.

ARE YOU (OR A MAN YOU KNOW) LOOKING FOR MORE ANSWERS?

The *misconception* is that men don't get osteoporosis. The *fact* is that men frequently get osteoporosis and all too many of them are unknowingly suffering the consequences of this disease. For more information on men and osteoporosis, and on Diagnosis, Nutrition and Exercise for Healthy Bones, contact Osteoporosis Canada and the Canadian Osteoporosis Patient Network (COPN).

* At the time of printing, Larry Funnell was the Chair of COPN (Canadian Osteoporosis Patient Network) for Osteoporosis Canada, and was still the only male on the COPN executive.



Make your
FIRST break
your **LAST**

INSIST ON ASSESSMENT

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The information contained in this fact sheet is not intended to replace medical advice. Readers are advised to discuss their individual circumstances with their physician.

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