

NEW YORK STATE OSTEOPOROSIS
NYSOPEP
 PREVENTION & EDUCATION PROGRAM

Hudson Valley

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Osteoporosis Risk Assessment for Men

Did you know men can get osteoporosis?

Osteoporosis is a disease that causes bones to become thin and weak, often resulting in fractures (broken bones). It can happen to anyone – the disease has no age, gender or ethnic boundaries. Osteoporosis more commonly affects the elderly, postmenopausal women, and individuals of Caucasian or Asian descent. This does not mean that others are not at risk for osteoporosis. Men, African-Americans and other populations get osteoporosis, too; they are just at a slightly lower risk than Caucasian or Asian postmenopausal women.

It is important for you to look at your personal risk for osteoporosis. This will allow you to take an active role in the prevention, early diagnosis, and treatment, if needed.

Why should I care about risk assessment?

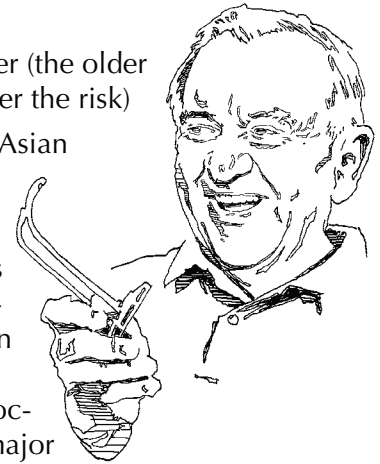
A broken bone resulting from osteoporosis can interfere with your daily activities and cause serious consequences. Once you know your personal risk factors for osteoporosis, you can take actions to control the many risks that can be changed. Your actions to reduce risk factors can help prevent osteoporosis and protect your ability to lead an independent, active lifestyle.

Am I at risk for osteoporosis?

You may be at risk for osteoporosis if you answer “yes” to many of the following risk factors. The more risk factors that you check, the greater your risk for osteoporosis.

Check (✓) if you...

- are age 65 or older (the older you are, the greater the risk)
- are Caucasian or Asian
- are excessively thin
- have any relatives who have/had osteoporosis (broken bone of the wrist, hip, leg or spine occurring without major trauma, a height loss of more than 1-1/2 inches, or stooped back)
- have a personal history of fractures (broken bones) during adulthood (without trauma, such as a car accident or severe sports injury), x-ray evidence of spine fracture, height loss of more than 1-1/2 inches, or stooped back
- have previous fractures in your spine or x-ray evidence of bone loss
- have a low level of the hormone testosterone
- have a history of long-term smoking (more than 1 pack a day for more than 5 years) or currently use tobacco products
- consume alcohol to excess and/or have a history of alcohol abuse
- have any of the following chronic diseases/conditions often associated with osteoporosis:
 - AIDS
 - Chronic lung disease
 - Diabetes, Type I
 - Eating disorders (anorexia, bulimia)
 - Hyperparathyroidism (excessive parathyroid hormone)



- Hyperthyroidism (excessive thyroid hormone)
- Inflammatory bowel disease
- Kidney disease
- Liver disease
- Lupus
- Malabsorption (from celiac sprue or other gastrointestinal disorders)
- Neurological diseases (such as stroke or multiple sclerosis)
- Rheumatoid arthritis
- have a history of bed rest or immobility for more than 6 months
- are taking or have taken any of the following medications:
 - Blood-thinning agents when necessary for chronic use (such as long-term use of coumadin or heparin)
 - Chemotherapy
 - Dilantin (phenytoin), and some other drugs used to treat seizure disorder or depression
 - Gonadotropin-releasing hormone agonists (lupron or zoladex) used for prostate cancer
 - Immunosuppressants (such as methotrexate or cyclosporin)
 - Medical steroids (such as prednisone or cortisone) used for more than 3 months to treat asthma, arthritis or other diseases
 - Thyroid medications, taken in high dosages, or lack of routine blood tests for TSH-level monitoring
- have had a lifelong history of low calcium intake (few, if any dairy products with no calcium supplements)
- have a lifelong history of little exercise (less than 60 minutes per week)
- fall frequently (common in Parkinson's disease, in the visually and/or hearing impaired and in alcoholics)

Although risk factors may increase your likelihood of getting osteoporosis, having risk factors does not mean that you have or will get the disease. Be aware that there may be additional risk factors that have not yet been identified. Men who do not have any of the above risk factors for osteoporosis may not be protected from developing the disease. Risk assessment may increase your awareness of the potential to get osteoporosis and help motivate you to follow steps to protect your healthy bones and to discuss your risks with your medical professional. When indicated, your medical professional may order a bone mineral density test. See "Bone Mineral Density Testing" (C-12).

What if I am diagnosed with low bone mass or osteoporosis?

All medical conditions that cause osteoporosis should be treated. For example, if your osteoporosis is the result of testosterone deficiency, your doctor may prescribe testosterone replacement therapy. Recently, the FDA approved alendronate (Fosamax) for the treatment of osteoporosis in men and teriparatide (Forteo) for the treatment of osteoporosis in men at high risk for fracture. If osteoporosis in men is caused by the long-term use of steroids, medication options include alendronate (Fosamax) for osteoporosis treatment or risedronate (Actonel) for both osteoporosis prevention and treatment. See "FDA-Approved Medications for Osteoporosis Prevention and/or Treatment" (C-14).

The causes, consequences, and treatment of male osteoporosis are being actively researched in order to better understand osteoporosis as a health issue in men.

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