

# NEW YORK STATE OSTEOPOROSIS NYSOPEP PREVENTION & EDUCATION PROGRAM

**Hudson Valley**  
Helen Hayes Hospital, West Haverstraw, NY (845) 786-4772  
**Metro New York**  
Hospital for Special Surgery, New York, NY (212) 606-1057  
**Long Island**  
Stony Brook University, Stony Brook, NY (631) 444-9034

**Western**  
Osteoporosis Resource Center, Buffalo, NY (716) 862-BONE (2663)  
**Central**  
SUNY Upstate Medical University, Syracuse, NY 1-800-464-8668  
**Northeastern**  
Glens Falls Hospital, Glens Falls, NY (518) 926-1000

## Osteoporosis Risk Assessment for Premenopausal Women

### Am I premenopausal?

You are considered premenopausal if you are still having menstrual periods. During your perimenopausal years (around the time of menopause), your monthly periods may become irregular. You are still considered premenopausal until your periods have stopped for 12 months in a row without a medical reason.

### Why should I care about risk assessment?

Osteoporosis is a silent disease that causes bones to become thin and weak, often resulting in broken bones. 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 later in life.

### Who is at risk for osteoporosis?

Osteoporosis 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.

### 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 you check, the greater your risk for osteoporosis and related fractures to occur later in life.

Check (✓) if you...

- are Caucasian or Asian
- weigh less than 127 lbs (low weight for height)
- 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)
- have previous fractures of the spine or x-ray evidence of bone loss



- have a temporary loss of monthly periods for more than 12 months in a row or infrequent periods for several years (not including pregnancy). See “Promoting Healthy Bones” (C-3).
- 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 to treat endometriosis
  - Immunosuppressants (such as methotrexate or cyclosporin)
  - Steroids (such as prednisone or cortisone) used for more than 3 months to treat asthma, arthritis or other diseases
  - Thyroid medications, taken in high doses, 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)
- 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.

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. Premenopausal women who do not have any of the above risk factors for osteoporosis may not be protected from developing the disease.

### **How can I promote healthy bones during my premenopausal years?**

Knowledge of your personal risk factors for osteoporosis should encourage you to take actions to promote healthy bones and motivate you to discuss your concerns with your medical professional. You can make a lifelong commitment to prevent osteoporosis. See “Promoting Healthy Bones” (C3).

### **Is Bone Mineral Density (BMD) Testing recommended for premenopausal women?**

In general, BMD testing is not indicated for women before menopause. There are currently no medications approved for osteoporosis prevention or treatment in healthy premenopausal women. There are a few instances, however, in which BMD testing might be recommended in premenopausal women. Long-term use of steroids or glucocorticoids is the most common of these instances. The most common diseases requiring steroid treatment in young women are asthma, rheumatoid arthritis, lupus, inflammatory bowel disease and multiple sclerosis. In selected cases, medication for osteoporosis might be appropriate in these women. Alendronate (Fosamax) is approved for the treatment of osteoporosis caused by the use of steroid medications. Risedronate (Actonel) is approved for both the prevention and treatment of steroid-induced osteoporosis. See “FDA-Approved Medications for Osteoporosis Prevention and/or Treatment” (C-14). Other possible candidates who might warrant further evaluation of skeletal health include premenopausal women with diseases that affect menstrual function (such as anorexia nervosa) or premenopausal women with multiple fractures.

When you reach menopause (when your menstrual periods have stopped for 12 months in a row) and medication options for treatment are available, it is important to speak to your medical professional about your risk for osteoporosis and the possible need for BMD testing.