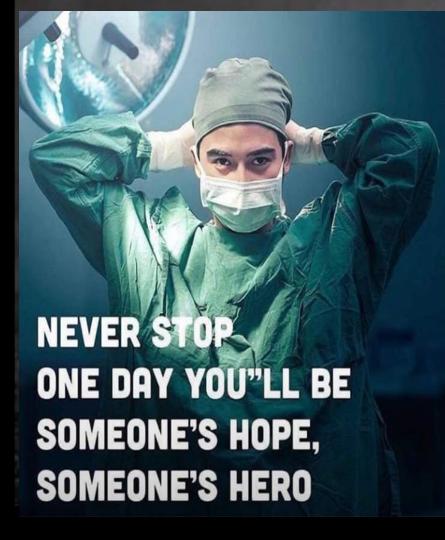
# welcome





- The one who works with his hand is a craftsman.
- -The one who works with his mind is a scientist.
- -The one who works with his heart is an artist.
- -But the one who works with his hand, mind and heart is a SURGEON!!!



# Don't bend Osteoporosis

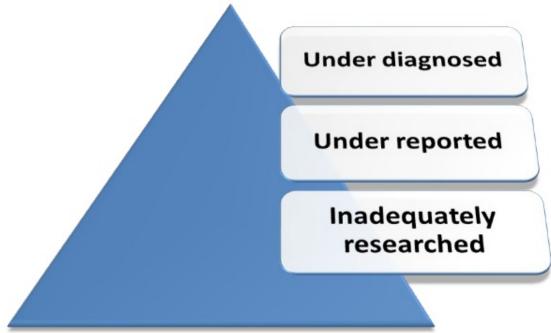


#### Dr. Mriganko Bhattacharjee

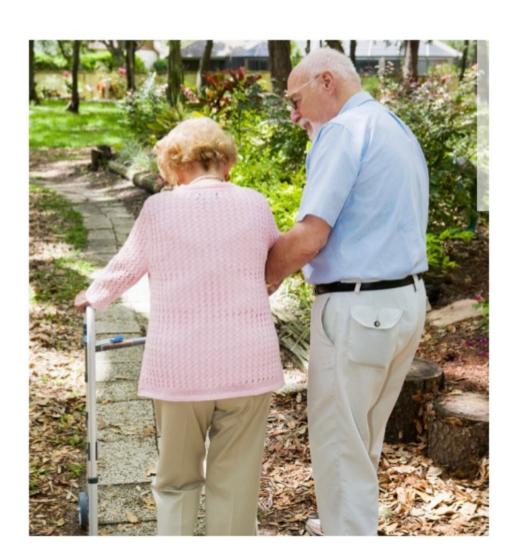
Assist. Professor
Orthopaedics & Trauma Surgery
Rangpur Community Medical
College, Hospital.







**Challenges of Osteoporosis** 



Men grow old, pearls grow yellow, there is no cure for it Chinese proverb



1234

Age

56 78



Just a number only...

# Osteoporosis

#### **Definition**:

It is a disease where

decrease in the density of bone

decreasing its strength and

resulting in fragile bones.



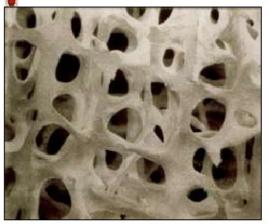
Definition of Osteoporois

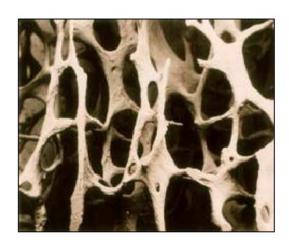
#### **National Osteoporosis Foundation:**

a disease characterized by low bone mass an micro-architectural deterioration of bone tissue, leading to bone fragility and an increased susceptibility to fractures."



 bone mineral density T-score greater than -2.5 standard deviations from the mean peak adult bone mass (ie. a woman in her 30's)."







# Composition of Cone

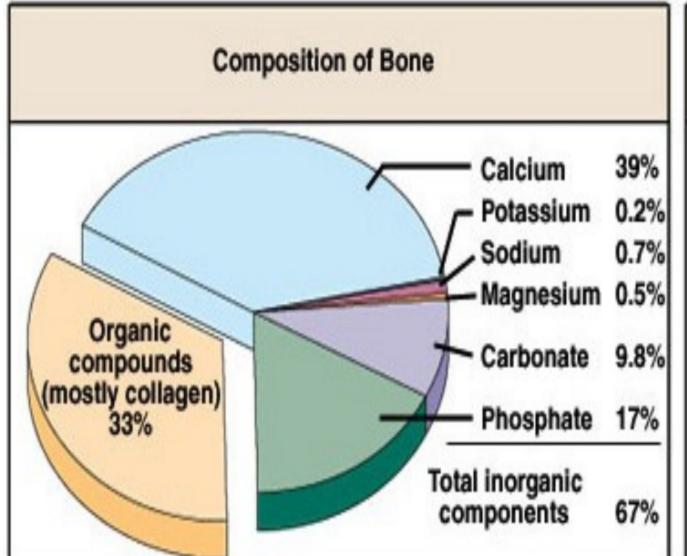
Bone has both **Organic** and **Inorganic** components

Organic part - consists mainly of protein collagen & specialized cells called osteoclasts, osteoblasts, and osteocytes

Inorganic part - consists mainly of calcium phosphate.

# Composition of Cone...





Amount in bone as percentage of the total amount in the body

Calcium 99%

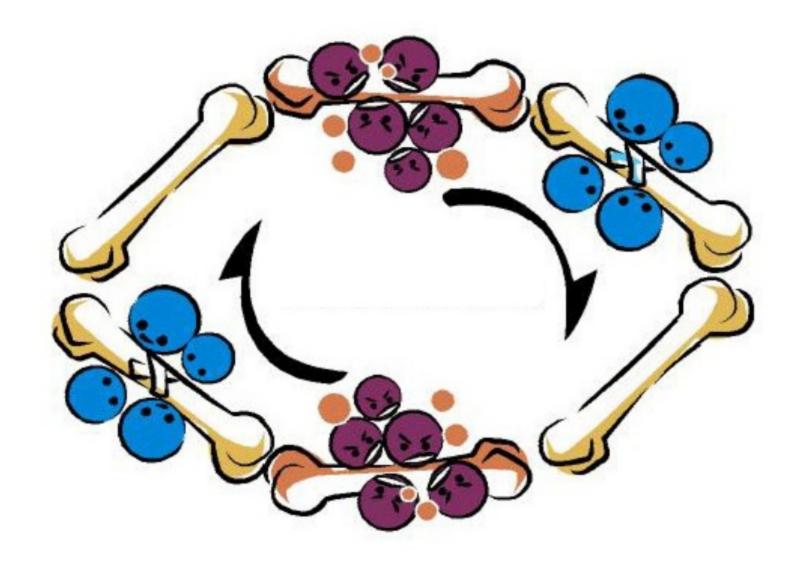
Potassium 4%

Sodium 35%

Magnesium 50%

Carbonate 80%

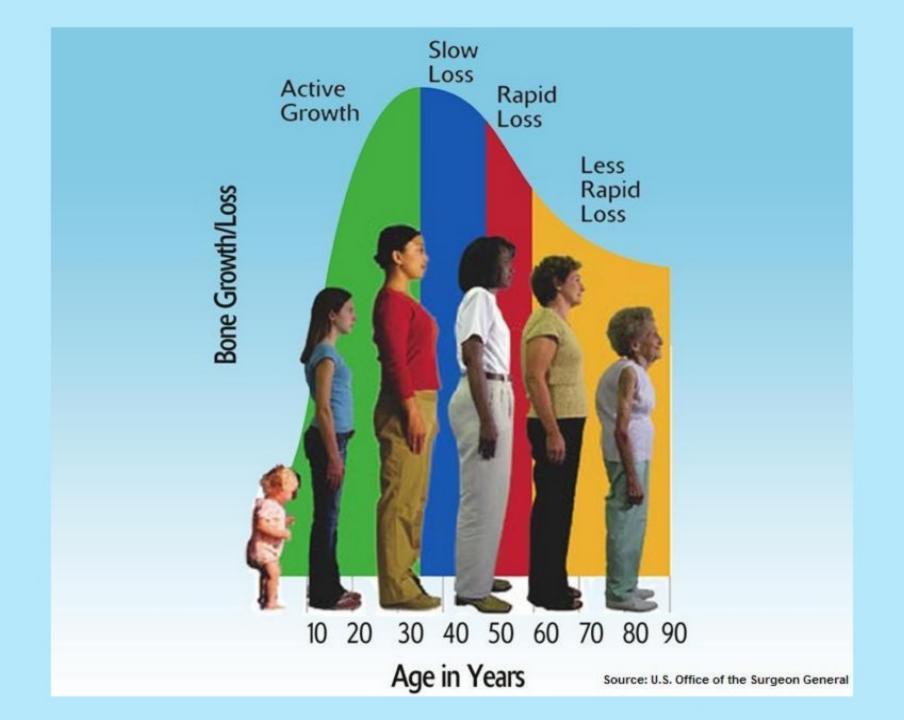
Phosphate 88%



Remodeling bones run throughout the life



Healthy bone balance





Osteoporosis is it only for women?





# Types of osteoporosis

#### **Primary Osteoporosis**

- Postmenopausal Osteoporosis
- Senile Osteoporosis

#### Secondary Osteoporosis

- Diet
- Drug
- Endocrine disease
- Other Systemic Disorders.

# Prevalence



Osteoporosis, "the silent thief of your bone"

# Prevalence...



### Prevalence...



#### Worldwide, over age of 50

- 1 in 3 women / 1 in 8 men have osteoporosis.
- 80 % of those suffering from osteoporosis are women.
- Affects 75 million persons in the US, Europe and Japan.
- Osteoporosis is responsible for 1.3 millions fractures each year in usa.

## Prevalence...



Approximately 1 in 2 women and 1 in 4 men over age 50 will have an osteoporosis related fracture in their remaining lifetime.





# Risk factors of Osteoporosis

# Risk factors



#### **Being Female**

With the onset of menopause (mid-forties or fifties), diminishing estrogen levels lead to excessive bone resorption that is not fully compensated by an increase in bone formation



#### Older age

"Forty is the old age of youth, fifty is the youth of old age. "



- Being female
- Older age
- Family history of osteoporosis.
- History of broken bones
- Low sex hormones
  - Low estrogen levels in women, including menopause
  - Missing periods (amenorrhea)





- Diet
  - Low calcium intake
  - Low vitamin D intake
  - Excessive intake of protein, sodium and caffeine
  - **Inactive lifestyle**

Smoking, Alcohol abuse

#### Certain medications

steroid, anticonvulsants etc

#### Certain diseases

 anorexia nervosa, rheumatoid arthritis, gastrointestinal diseases and others



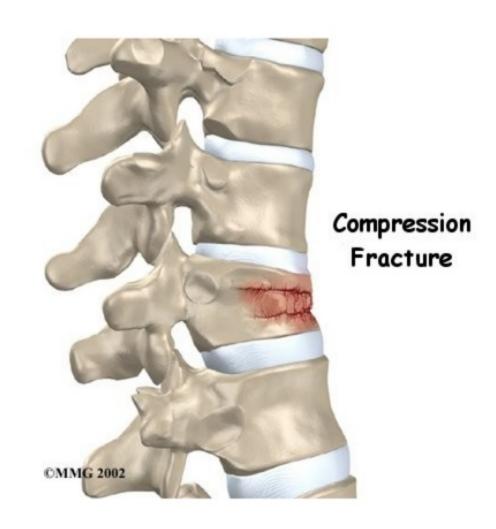


# How does Osteoporosis presents?

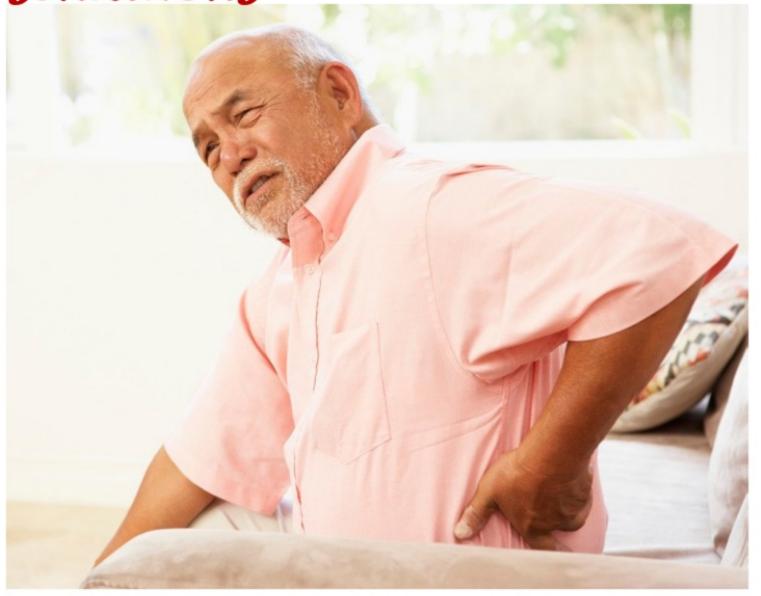


# presentations

 People may not know that they have osteoporosis until they break a bone.



presentations



Persistent, unexplained back pain

# Presentations...

 Vertebral (spinal) fractures may initially be felt or seen in the form of

Persistent, unexplained back pain

Loss of height

Spinal deformities such as





# Diagnosis

- Bone mineral density (BMD) tests can measure bone density in various sites of the body.
- BMD test is done to diagnose and predict fracture risk and to monitor therapy.
- S.Calcium, S.Phosphate, S. ALK.Phos, S.PTH Level
- For patients on pharmacotherapy, it is typically performed 2 years after initiating therapy and every 2 years thereafter; however, more frequent testing may be warranted in certain clinical situations.

# Diagnosis





Painless, non-invasive, effective diagnostic tool

# Diagnosis...

- Dual-energy X-ray Absorptiometry (DXA) Scan
  - "Gold-standard" for BMD measurement.
  - Measures "central" or "axial" skeletal sites: spine and hip.
  - May measure other sites: total body and forearm.
  - Validated in many clinical trials.
  - Available in Bangladesh.



# Diagnosis...

#### Dual-energy X-ray Absorptiometry (DXA) Scan

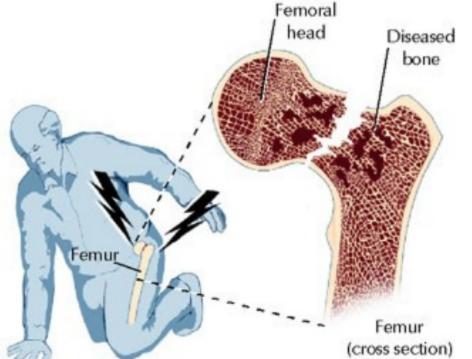
Classification	T-score
Normal	-1 or greater
Osteopenia	Between -1 and -2.5
Osteoporosis	-2.5 or less
Severe Osteoporosis	-2.5 or less and <i>fragility fracture</i>



# Complications

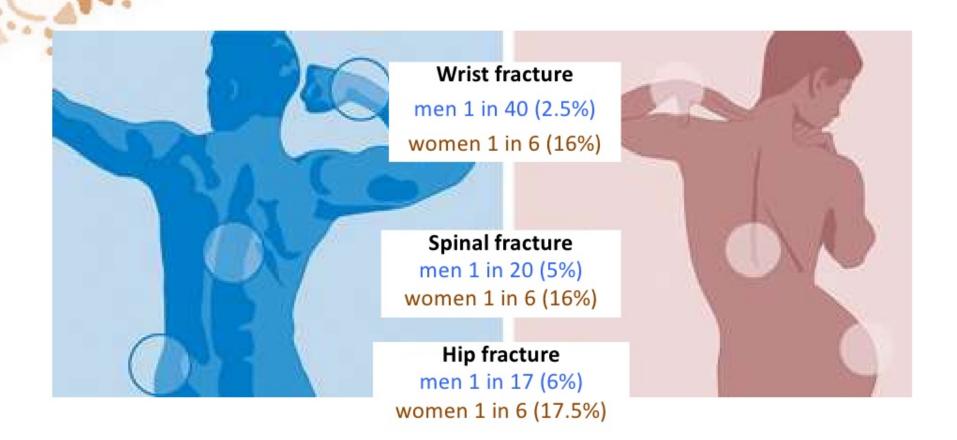
#### FRACTURE,

The most serious complication of Osteoporosis that leads to



- Increased morbidity
- Increased mortality
- Decreased quality of life

# Complications...



# Complications...

- \*Women with hip fracture are at a **four** fold greater risk of a second one.
- 1 in 4 (25%) people die within a year of the fracture
- •1 in 4 become disabled

• 2 of the 4 can walk again but with lower mobility than before.

Many become isolated and depressed.









- Prevent further bone loss
- Increase or at least stabilize bone density.
- Relieve pain and prevent fracture.
- Increase level of physical functioning
- Increase quality of life

**Slowing bone** loss

Maintain or strength

increase bone Therapeutic

**Improve bone** micro architecture

**Increase** pharmacologic adherence

### Lifestyle Modifications

Minimizing factors that contribute to falls

Modification of risk factors (diet, exercise)

Decrease Fracture Risk

# Therapeutic Interventions

Slowing/stopping bone loss

Maintaining or increasing bone density and strength

Maintaining or improving bone microarchitecture

Improving medication adherence

### Pharmacologic management

Supplements
 such as which maintain bone mass Calcium, Vitamin D

- Anti-resorptive agents
   which inhibit bone resorption eg. Bisphosphonates
- Anabolic agents, which stimulate bone formation and, in turn, increase bone mass.

#### **Drug:** Upto 5 years of osteoporosis

1 <sup>st</sup> year	Calcium supplementation-1000-1500 mg/day	
	Inj.Vitamin D- 600 – 2800 IU/day	
2 <sup>nd</sup> year	Estrogen replacement- 0.625 mg/day	
3 <sup>rd</sup> years	Bisphosphonate:	
	<ul><li>Tab.Alendronate-70 Mg/weeks</li></ul>	
	<ul><li>Tab.Risedronate- 35 mg/week</li></ul>	
	<ul> <li>Tab.Ibandronate- 150 mg/month</li> </ul>	
	<ul> <li>Inj.Zoledronic acid- 5 mg/year</li> </ul>	
4 <sup>th</sup> years	Calcitonin- intranasal 200 IU/day or S/C 50 – 100 IU/day.	
5 <sup>th</sup> years	• All.	



#### **Classification of Bisphosphonate:**

Generation	Name of Bisphosphonate	Relative patency
1 <sup>st</sup> generation	Etidronate	1
	<ul> <li>Clodronate</li> </ul>	10
2 <sup>nd</sup> generation	Pamidronate	100
	<ul> <li>Olpadronate</li> </ul>	200-500
	<ul> <li>Ibandronate</li> </ul>	500-1000
	<ul> <li>Alendronate</li> </ul>	1000-2000
3 <sup>rd</sup> generation	Residronate	2000
	<ul> <li>Zoledronate</li> </ul>	10000



### Hormone replacement Therapy

- For many years, HRT was the only therapeutic available for the management of osteoporosis.
- HRT patients were found to be at a significantly increased risk of
  - Breast cancer
  - Coronary heart disease
  - Stroke and embolism

 HRT is no more considered as the first-line therapy for the management of osteoporosis/osteoporotic fracture

### Calcium and Vitamin D

- Adequate calcium intake helps to achieve a high peak bone mass during early adulthood and can slow bone loss later in life.
- Although calcium supplementation is beneficial, it is not sufficient to treat patients with osteoporosis.
- Vitamin D supplements confers benefits on bone mass and fracture incidence. Vitamin D is often combined with calcium for patients at risk of osteoporosis.



#### **Surgical treatment:**

#### For fracture treatment:

- vertebroplasty & kuphoplasty
- Hemiarthroplasty
- Total hip replacement



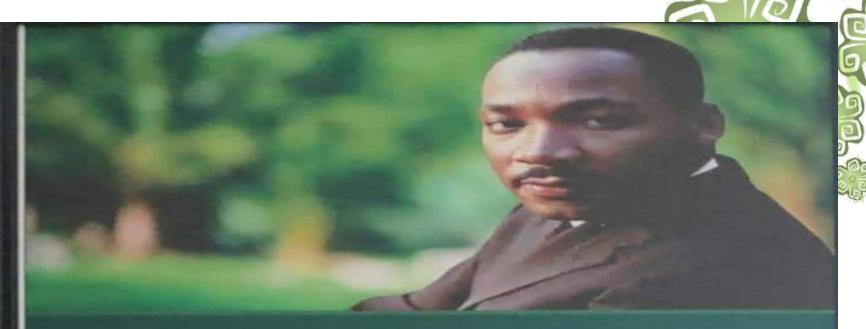
How to prevent complication of osteoporosis??



## Prevention of complications



- Exercise/activity programs to improve strength and endurance
- Gait training
- Awareness creation to prevent slipping
- Regular medical check-up
- Treat medical conditions, e.g., as postural hypotension, anemia, dementia
- Alarm systems, assistive devices



" If you can't Fly, then Run
If you can't Run, then Walk
If you can't Walk, then Crawl
But whatever you do
you have to keep
MOVING FORWARD

-Martin Luther King Jr. -





# Exercise



# Fall prevention







## Awesome words from ratan tata



"Eat your food as your medicine, otherwise you have to eat medicine as your food"



### Eat a health diet

"People eat Vada and samosas fried in recycled spoiled oil. Relish panipuri filled with 'dirty' water. Eat pesticide laden vegetables and fruit. Pay money for a black liquid called Coke or Pepsi. Smoke, drink and chew tobacco like there is no tomorrow. And all this without thinking twice! But after I write a prescription, they ask in all seriousness"

"\_Doctor, I hope there's no side effect for these!"

#### Eat a health diet







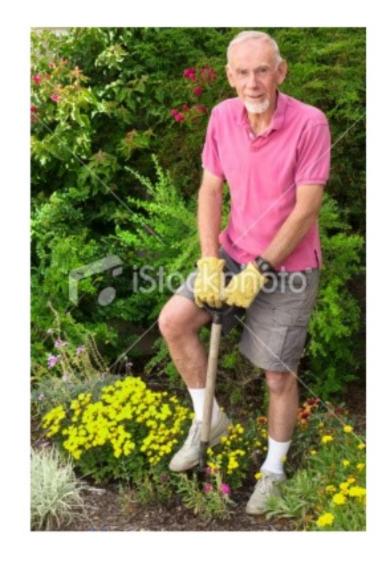
lean meat, fish, green leafy vegetables, and oranges and Off course Plenty Milk



Avoid smoking, alcohol and excess soft drink and coffee

## Get moving







Being active really helps our bones by:

- slowing bone loss
- improving muscle strength
  - helping your balance

Be active

# Tips

- Building strong bones in childhood and adolescence, best defense
- A balanced diet rich in calcium and Vitamin D
- Weight bearing exercise
- Avoidance of tobacco smoking and excessive alcohol intake
- Bone density testing and medication when appropriate.





# Thank you

