

FOR A HEALTHIER YOU



Office of the Chief Health and Medical Officer
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Osteoporosis

Osteoporosis means “porous bone.” It is a condition in which the bones become weak and brittle. This can result in fractures, most commonly in the spine, hips, and wrists. Risk factors include being female, Caucasian or Asian, advancing age, being small and thin, smoking, certain prescription drugs (especially steroids, anti-seizure medications, and heparin), thyroid and kidney diseases, and family history of osteoporosis.

Osteoporosis is a silent disease, often without symptoms until a painful fracture occurs. The U.S. Preventive Services Task Force recommends screening for osteoporosis in all women age 65 or greater. Screening should start at age 60 for women at increased risk. Earlier screening may be performed on a case-by-case basis.

There are ways to prevent or minimize the effects of osteoporosis. Regular exercise is important as well as adequate amounts of calcium and Vitamin D. Also consider stopping smoking and avoid excessive alcohol intake. Talk to your doctor about hormone therapy (HT) which may reduce the risk of osteoporosis during and after menopause. HT is effective but it has been associated with several significant health risks. It is certainly not for everyone but still remains as a treatment option.

If HT isn't for you and lifestyle changes aren't adequate, there are a number of prescription drugs that are effective, including several newly approved therapies. See your doctor to determine the best treatment option for you.

If you have osteoporosis there are several self-care recommendations that are beneficial. Maintaining good posture will help to lessen stress on the spine. Prevention of falls is very important. Avoid high heels, slippery surfaces, and trip hazards. Finally, if you have chronic pain, see your doctor to discuss appropriate pain management.

By: Ray Christopher, M.D.

Does Vertebroplasty or Kyphoplasty Decrease Pain From Osteoporosis?

Patients who have pain from vertebral compression fractures due to osteoporosis can get relief with these 2 minimally invasive procedures.

In both procedures bone cement is injected into the vertebral bodies through a needle placed into the fracture using x-ray image guidance. The cement mixture is used to strengthen the spinal bones making them less likely to fracture again. The major difference between the two is that in kyphoplasty a balloon is introduced before the bone cement is inserted in an attempt to restore part of the height lost from the compression fracture.

Vertebroplasty or kyphoplasty are recommended after bed rest, and when back brace or pain medications are not effective. Vertebroplasty can be done as an outpatient using mild sedation. Kyphoplasty requires the use of larger devices to insert the balloon. This is done under general anesthesia and often results in a short hospital stay.

Most patients feel significant relief almost immediately. After just a few weeks, two-thirds of patients are able to lower their doses of pain medication. Many patients become symptom-free and about 75% regain lost mobility.

Vertebroplasty and kyphoplasty cannot be used for herniated disks, arthritic back pain, or healed vertebral fractures. As with all procedures, there may be complications. In both procedures, cement can leak outside the fractured vertebral body, which could result in temporary or permanent nerve injury. Find out how many of these procedures your doctor has performed, and if there have been any complications. Experience is always important.

Talk to your doctor about all treatment options for vertebral compression fractures.

Exerpt from "Just Curious" in ME* magazine by Saralyn Mark, M.D.

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