



**National Institutes of Health
Osteoporosis and Related
Bone Diseases ~
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The NIH Osteoporosis and Related Bone Diseases ~ National Resource Center is supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases with contributions from: National Institute on Aging, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institute of Dental and Craniofacial Research, National Institute of Diabetes and Digestive and Kidney Diseases, NIH Office of Research on Women's Health, DHHS Office on Women's Health.

The National Institutes of Health (NIH) is a component of the U.S. Department of Health and Human Services.



Osteoporosis and African American Women

While African American women tend to have higher bone mineral density (BMD) than white women throughout life, they are still at significant risk of developing osteoporosis. The misperception that osteoporosis is only a concern for white women can delay prevention and treatment in African American women who do not believe they are at risk for the disease.

What Is Osteoporosis?

Osteoporosis is a metabolic bone disease characterized by low bone mass, which makes bones fragile and susceptible to fracture. Osteoporosis is known as a silent disease because symptoms and pain do not appear until a fracture occurs. Without prevention or treatment, osteoporosis can progress painlessly until a bone breaks, typically in the hip, spine, or wrist. A hip fracture can limit mobility and lead to a loss of independence, while vertebral fractures can result in a loss of height, stooped posture, and chronic pain.

What Are the Risk Factors for Osteoporosis?

Risk factors for developing osteoporosis include:

- a thin, small-boned frame
- previous fracture or family history of osteoporotic fracture
- estrogen deficiency resulting from early menopause (before age 45), either naturally, from surgical removal of the ovaries, or as a result of prolonged amenorrhea (abnormal absence of menstruation) in younger women
- advanced age

- a diet low in calcium
- Caucasian and Asian ancestry (African American and Hispanic women are at lower but significant risk)
- cigarette smoking
- excessive use of alcohol
- prolonged use of certain medications, such as those used to treat diseases like lupus, asthma, thyroid deficiencies, and seizures.

Are There Special Issues for African American Women Regarding Bone Health?

Many scientific studies highlight the risk that African American women face with regard to developing osteoporosis and fracture.

- Osteoporosis is underrecognized and undertreated in African American women.
- As African American women age, their risk for hip fracture doubles approximately every 7 years.
- African American women are more likely than white women to die following a hip fracture.
- Diseases more prevalent in the African American population, such as sickle-cell anemia and lupus, can increase the risk of developing osteoporosis.
- African American women consume 50 percent less calcium than the Recommended Dietary Allowance. Adequate intake of calcium plays a crucial role in building bone mass and preventing bone loss.
- As many as 75 percent of all African Americans are lactose intolerant. Lactose intolerance can hinder optimal calcium intake. People with lactose intolerance often may avoid milk and other dairy products that are excellent sources of calcium because they have trouble digesting lactose, the primary sugar in milk.

How Can Osteoporosis Be Prevented?

Osteoporosis prevention begins in childhood. The recommendations listed below should be followed throughout life to lower your risk of osteoporosis.

- Eat a well-balanced diet adequate in calcium and vitamin D.
- Exercise regularly, with an emphasis on weight-bearing activities such as walking, jogging, dancing, and lifting weights.
- Live a healthy lifestyle. Avoid smoking, and, if your drink alcohol, do so in moderation.

Talk to your doctor if you have a family history of osteoporosis or other risk factors that may put you at increased risk for the disease. Your doctor may suggest that you have your bone density measured through a safe and painless test that can determine your risk for fractures (broken bones), and measure your response to osteoporosis treatment. The most widely recognized bone mineral density test is called a dual-energy x-ray absorptiometry or DXA test. It is painless: a bit like having an x ray, but with much less exposure to radiation. It can measure bone density at your hip and spine.

What Treatments Are Available?

Although there is no cure for osteoporosis, there are treatments available to help stop further bone loss and reduce the risk of fractures:

- bisphosphonate drugs: alendronate (Fosamax¹), alendronate plus vitamin D (Fosamax Plus D), risedronate (Actonel), risedronate with calcium (Actonel with Calcium), and ibandronate (Boniva)
- calcitonin (Miacalcin)
- raloxifene (Evista), a Selective Estrogen Receptor Modulator
- teriparatide (Forteo), a form of the hormone known as PTH, which is secreted by the parathyroid glands
- estrogen therapy (also called hormone therapy when estrogen and another hormone, progestin, are combined).

Resources

For additional information on osteoporosis, including lactose intolerance, nutrition, exercise, treatment, and fall prevention for the elderly, visit the National Institutes of Health Osteoporosis and Related Bone Diseases ~ National Resource Center Web site at www.niams.nih.gov/bone or call 1-800-624-2663.

For additional information on minority health, visit the Office of Minority Health Resource Center Web site at <http://www.omhrc.gov/OMHRC> or call 1-800-444-6472.

¹ Brand names included in this fact sheet are provided as examples only, and their inclusion does not mean that these products are endorsed by the National Institutes of Health or any other Government agency. Also, if a particular brand name is not mentioned, this does not mean or imply that the product is unsatisfactory.

Revised May 2006

For Your Information

This publication contains information about medications used to treat the health condition discussed here. When this fact sheet was printed, we included the most up-to-date (accurate) information available. Occasionally, new information on medication is released.

For updates and for any questions about any medications you are taking, please contact the U.S. Food and Drug Administration at 1-888-INFO-FDA (1-888-463-6332, a toll-free call) or visit their Web site at www.fda.gov.