

National Institutes of Health Osteoporosis and Related Bone Diseases ~ National Resource Center

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Osteoporosis and Asian American Women

Asian American women are at high risk for developing osteoporosis (porous bones), a disease that is preventable and treatable. Studies show that Asian Americans share many of the risk factors that apply to Caucasian women. As an Asian American woman, it is important that you understand what osteoporosis is and what steps you can take to prevent or treat it.

What Is Osteoporosis?

Osteoporosis is a condition in which the bones become less dense and more likely to fracture. If not prevented or if left untreated, bone loss 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, and vertebral fractures can result in a loss of height, stooped posture, and chronic pain.

What Are the Risk Factors for Osteoporosis?

Several risk factors increase your chances of developing osteoporosis, including:

- 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.

Are There Any Special Issues for Asian Women Regarding Bone Health?

Recent studies indicate a number of facts that highlight the risk that Asian American women face with regard to developing osteoporosis:

- Compared with Caucasian women, Asian women have been found to consume less calcium. One reason for this may be that up to 90 percent of Asian Americans are lactose intolerant. Therefore, they may avoid dairy products, the primary source of calcium in the diet. Calcium is essential for building and maintaining a healthy skeleton.
- Asian women generally have lower hip fracture rates than Caucasian women, although the prevalence of vertebral fractures among Asians seems to be as high as that in Caucasians.
- Slender women have less bone mass than heavy or obese women and, therefore, are at greater risk for osteoporotic bone fractures.

How Can Osteoporosis Be Prevented?

Building strong bones, especially before the age of 20, can be the best defense against developing osteoporosis. A healthy lifestyle can be critically important for keeping bones strong. To help prevent osteoporosis:

- Eat a well-balanced diet rich in calcium and vitamin D.
- Exercise regularly, with an emphasis on weight-bearing activities such as walking, jogging, dancing, and weight training.
- Don't smoke, and limit alcohol intake.

Talk to your doctor if you have a family history of osteoporosis or other 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 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 (BMD) is called a dual-energy x-ray absorptiometry, or DXA test. The BMD test 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, several medications approved by the Food and Drug Administration are available to help stop further bone loss and reduce the risk of fractures:

- Alendronate (Fosamax),¹ risedronate (Actonel), and ibandronate (Boniva), and/or zoledronic acid (Reclast) are bisphosphonates approved for preventing and/or treating postmenopausal osteoporosis. In addition, alendronate and risedronate are approved for use in men. For both men and women with or at risk for glucocorticoid-induced osteoporosis, alenodronate (treatment) and risedronate (treatment and prevention) are approved.
- Some bisphosphonates are fortified with calcium and vitamin D. These nutrients are important for everyone, and people should include adequate amounts of them in their diets.
- Calcitonin (Miacalcin, Fortical) is another treatment used by women for osteoporosis.
- Raloxifene (Evista), a selective estrogen receptor modulator (SERM), is approved for preventing and treating postmenopausal osteoporosis.
- Teriparatide (Forteo) is an injectable form of human parathyroid hormone. It is approved for use in men and postmenopausal women with osteoporosis who are at high risk for having a fracture.
- Estrogen therapy (also called hormone therapy when estrogen and another hormone, progestin, are combined) is approved for preventing postmenopausal osteoporosis. It should only be considered for women at significant risk of osteoporosis after nonestrogen medications have been carefully considered.

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.

Resources

For more information on osteoporosis, visit the National Institutes of Health Osteoporosis and Related Bone Diseases ~ National Resource Center Web site at www.niams.nih.gov/bone or call 800–624–2663. Fact sheets on osteoporosis are available in Chinese, Cambodian, Korean, Lao, and Vietnamese.

For more information on minority health, visit the Office of Minority Health Resource Center Web site at www.omhrc.gov/OMHRC or call 800–444–6472.

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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 Food and Drug Administration at 888–INFO–FDA (888–463–6332, a toll-free call) or visit its Web site at www.fda.gov.

For updates and questions about statistics, please contact the Centers for Disease Control and Prevention's National Center for Health Statistics toll free at 800–232–4636 or visit its Web site at www.cdc.gov/nchs.

Recognizing the National Bone and Joint Decade: 2002–2011