Risk Factors for Osteoporosis In Reproductive-Age Women

By Chaim Putterman, MD | October 13, 2011

It is becoming more and more apparent that a number of risk factors for osteoporosis are present and detectable--if not outwardly visible--long before the actual onset of this disease. However, osteoporosis has traditionally been misperceived as a condition only of the elderly, and as a result many of its risk factors have been ignored, misdiagnosed, and unreported among women age 20 to 45. Adding to this misperception is a relative lack of information surrounding the pathogenesis of osteoporosis in premenopausal and perimenopausal women: The vast majority of osteoporosis data accumulated during the past 20 years has focused on disease progression in subjects who have already reached menopause. As the current generation of Baby Boomers reaches the end of its reproductive years and is expected to live longer than any previous generation, the already pressing need for safe and effective means to prevent, diagnose, and treat osteoporosis increases in turn.

A NEW AWARENESS

Women appear to be divided in their views of menopause and its resultant osteoporosis, some seeing osteoporosis as a medical condition requiring medical intervention and others dismissing it as an unavoidable fact of life that should be left to take its course. Osteoporosis is, in fact, a systemic skeletal disease (Figure) that is estimated to cause approximately 250,000 hip and 500,000 vertebral fractures per year among US women.\(^1\) It was found that while a large majority of perimenopausal women would be interested in taking hormone replacement therapy to prevent osteoporosis, many were worried about side effects and felt the need for more information.\(^2\)

This supplement to The Female Patient features two articles that expand the discussion of osteoporosis from the usual population of postmenopausal women to include premenopausal and perimenopausal women. In "Women at Risk: The Premenopausal Years," Abby Goulder Abelson, MD, explains the early pathogenesis of osteoporosis. She also provides practitioners with a range of modifiable risk factors for osteoporosis that can be instrumental in delaying or preventing the disease and its concurrent fracture risk.

In "Pharmacotherapeutic Options," Charles H. Chesnut III, MD, addresses osteoporosis as a disease affecting both the quantitative and qualitative features of trabecular tissue. This article also reviews the pharmacotherapeutic interventions currently available.
CONCLUSION

Awareness of the risk factors that exist during the reproductive years is critical to helping patients retain bone mineral density. By implementing certain preventive practices--such as ensuring an adequate supply of calcium and vitamin D, choosing bone-sparing medications when possible, guiding women on overcoming bone-damaging habits (eg, smoking, alcohol(Drug information on alcohol) abuse), and encouraging bone-density screening in women at risk--we can go a long way toward risk reduction. In turn, we may enjoy watching our patients age happily, healthfully, and fracture-free.

REFERENCES
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